The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-SEVEN NUMBER TWELVE

DECEMBER, 1941

A Christmas Candle

On the eve of Armistice Day, Montreal had a practice blackout. As soon as the sirens gave the alert, traffic began to slow down, motor cars drew up beside the kerb, clanging street cars halted in their tracks. A hush came over the city and, at first, the sudden silence seemed more impressive than the gradual disappearance of the lights. It was as though the city held its breath—and listened.

Royal Canadian Air Force observation planes droned overhead and, from our balcony, not a light was visible except the flame of a single candle seen through a window high up on Mount Royal. In a moment it vanished, and then it was quite dark. For some strange reason, its disappearance reminded us of a night when we were driving over a frozen lake, on a bad trail. As we rounded a point, we caught sight of a candle, shining in the window of a log house, miles away on the opposite shore. That distant wavering flame seemed to make the wilderness less desolate and to bring with it the warmth and solace of human companionship. So when, high up on Mount Royal, the candle went out, we had an absurd sense of loss until we remembered that, for the third time in Christian countries overseas, Christmas candles will be lighted even in the blackout, although the shutters will be so tightly closed that not even a friendly gleam escapes to cheer the passer-by.

In a country which has turned away from Christ, candles will be lighted, in secrecy and fear, on many a deserted altar. German children, old enough to remember happier days, will wonder what has become of the gay little tree with a star on its topmost branch and, beneath it, the image of the Christ Child holding out his arms to all the world. "There is no Christ Child", they will be told. "It was all a silly

fairy story. See what a beautiful glittering Swastika the Führer has sent you".

In Coventry, this year as last, carols will be sung by candlelight in the ruins of a great Cathedral. If the bombers come over, as they usually do on the eve of any religious festival, the candles will burn steadily and the boyish voices will not falter. If, in the busy English hospitals, the power is cut off and there are not enough flashlights to go round, the nurses will go about their work by candlelight. After all, the symbol of nursing is a flaming Lamp, and not a brittle glass bulb that, once broken, can never be kindled again.

Even in the midst of the turmoil and agony of war, we must have faith to believe that someday it will end. A Christmas Eve will come when there will be no blackout and, after a silence of years, the church bells will ring out over the peaceful English countryside. Then, nurses in every country will lift their lamps high and signal to one another across the world that the night is far spent and the day is at hand. We shall be proud to remember that even in the darkness we steadfastly kept one flame burning. Perhaps, even now, although we do not know it, all nurses, friends and enemies alike, are keeping a Christmas vigil together, waiting for the dawn.

—E. J.

Patients are Persons

S. R. Laycock, Ph.D.

One of the most significant discoveries of modern education is that of realizing that the whole child comes to school — not just his brain. The school used to think of its job as the packing of brains with knowledge and as the training of the child in the skills of reading, writing and computing. Indeed many people still have that idea of education. They think of the teacher's job as that of a filling-station attendant who connects up the tank of knowledge in the textbook with the child's mind and presses the valve. Progressive educators, however, have now come to think differently. They know that the child brings not only his brain to school but his emotions, his body and his social attitudes as well. Indeed they now know that you can't separate mind and body and emotions. These are merely facets of a unified whole — a person. They are merely aspects of an organism that reacts to each situation in life as a whole.

This viewpoint of modern education has changed the aim of education from the imparting of knowledge to the development of physically-healthy, mentally-healthy, emotionally-mature, and socially-efficient boys and girls. It has also greatly increased the importance of the teacher. Her mental health, her inner poise and peace or her sense of frustration and conflict powerfully affect the pupil. Her point of view, her emotional patterns and her social attitudes help or hinder the child in his development towards a wholesome personality.

Parallel with this new viewpoint in education is the new attitude of the modern doctor towards his patient. He knows that it is the whole patient which

comes to the doctor's office not just his stomach or liver, or heart, or gall bladder. The patient who comes to the doctor's office has not only physiological needs but psychological needs as well. The latter must be taken into account in the treatment of the patient as well as the former. The up-to-date doctor, therefore, does not deal merely with bodies. He deals with persons. And these persons have not only different chemical composition, different structures, different degrees of intelligence but also widely different emotional problems and social attitudes. Indeed, competent medical authorities estimate that half of the patients who come to any doctor's office are suffering not primarily from organic maladjustments but from emotional maladjustments.

In nursing, too, there has arisen a new point of view. Nurses have, for too long, accepted the general public's idea of their job. The public think that the nurse's job is to carry trays, take temperatures, make beds, bathe patients and see that medicine is given on schedule. In other words, the general public thinks of the nurse's job as that of a high-grade domestic. Progressive leaders of the nursing profession think differently. They know that nursing is a profession which requires great knowledge and skill and in which one can go on learning and developing all one's life.

It is important to have skill in making beds, and in bathing patients. There are, too, higher skills in giving hypodermics, in looking after the administering of oxygen, in doing dressings, in feeding people intravenously, etc. These are very important. But the coping stone of a nurse's training lies in her ability to minister to the psychological needs of her patients. She must be able to treat patients not only as sick bodies but as sick persons — persons who have other needs beside the need for food, for medicine, for water, for rest, for sleep and for treatment.

The aim of the good nurse is to make sick persons well. To do this she needs to be aware of the psychological needs of her patients. These are three in number: (1) The need for human response or security (2) The need for status or recognition and (3) The need for power, mastery or creative achievement.

The need for human response or security is one which follows every individual from the cradle to the grave. It is the need to matter to others for who one is not for what one is. The little child needs emotional security. He needs to be secure in the love and affection of his parents. Indeed that is what parents are for. Other people, or even institutions, can supply a child with food, clothing and shelter but to no one else can a child come first except to his parents. A child's need for love and security is almost as insistent as his need for food and, within limits, more insistent than his need for clothing and shelter. If children cannot gain this human response in legitimate ways they may do so in illegitimate ways. An excellent example is that of a boy who felt he was displaced by his baby brother. When his mother went to feed the new baby he would say: "Mother, I am going to climb the wall; I am going to smash the mirror" — anything to gain the attention and security he felt he had lost. Another example is that of a boy who stole money because it brought him his father's attention at a time when the father was greatly favoring an older brother.

All sorts of children feel insecure because of poor school work, ungainly appearance, too much criticism, favoritism towards the other children, and harsh

discipline. Oddly enough, too, over-protection makes them feel insecure since it weakens their confidence in themselves.

Adults also need human response. A great part of marriage — greater than is commonly supposed — is the fulfillment of this need for human response. Everyone needs friends throughout life. Difficulties arise whenever anyone is thwarted in his need for human response.

But what has all this to do with nursing? All sorts of people come to a hospital. Many come frightened and upset. Their regular life has been interfered with. They have been separated from their loved ones. A trip to the hospital is a threat to their security. It interferes with the fulfillment of their need for human response. Sick people are often desperately in need of security and human response. Some are very insecure in ordinary life when they are well and their need is multiplied when they become ill. In many cases a patient has to depend for his human response on his nurse. He needs to feel that he matters to his nurse that she is interested in him as an individual. This may mean as much in the nursing of him as the nurse's efficiency in other ways. Indeed, the writer once had to choose between a rather dull and not-too-efficient nurse who was very anxious to do her best and who was interested in him as an individual and a cold but efficient nurse who regarded him as just a patient in room number so-and-so. Unhesitatingly he chose the former.

But you may say is the giving of human response and security a part of nursing. Yes, it is, for it helps definitely to make sick persons well. Strecker says that fifty percent of the difficulties of any illness and seventy-five percent of the difficulties of convalescence have their origin in the patient's mind and not in his body. In addition it is well known that fear, anxiety and emotional insecurity affect the recovery of patients. Strong emotions use up body-reserves. They definitely hinder recovery. It is hard for the fearful, anxious, insecure patient to get well for nature is working against recovery not for it.

Nurses sometimes say they are too busy to pay attention to such matters. However, it isn't so much a matter of time as of attitude. The giving of security is tied up with the way the nurse comes into the room, with her attitude towards the patient, with her way of saying goodnight, etc. Long ago it was written: "Without shedding of blood there is no remission". This means that, without giving yourself to others, you can't do much for them. This is true of nurses, doctors, clergymen, social workers, and all who deal with people. A nurse must feel this way about her work or she is not at her best as a nurse. So the nurse must be on the lookout for symptoms of insecurity and anxiety and give her patients human response. It is because of the patient's need for human response that visitors are allowed in hospital and that flowers are sent and notes written. From an organic point of view visitors may even do harm, but their value within limits, has long been recognized because they satisfy the patient's need for human response.

The second human need is the need for status or recognition — for being accepted for what we are and for being a desired and desirable member of a group. People get status in all sorts of ways — by being a good musician, a good artist, a good tennis player, a good doctor, a good farmer, a good homemaker or a good nurse. If they can't find status through some desirable

outlet as the above they will find it in illegitimate ways. They may find it by being a big liar, a clever crook, or by some other form of delinquency and crime.

The sick person in hospital has a particular problem. His status is temporarily lost. He can't sing or play or paint pictures or play bridge, or sell cars or pull teeth or bake pies, and so one of his fundamental needs is apt to remain unmet. The best the hospital can do is to help the patient to find status by being a good patient, by being considerate and by enduring pain without undue whining. This has to be built up in patients and the wise nurse praises desirable responses such as enduring treatment patiently. If the nurse is not able to built up a sense of status by getting the patient to feel that he has courage, grit and cheerfulness, the latter will often try to obtain status by being a nuisance — just as a child may try to get status by being delinquent. So helping a patient to maintain a sense of status meets one of his fundamental needs and hastens his recovery.

The need for mastery or power or creative achievement has tremendous implications for ordinary living. Indeed, instead of the old maxim that it is love that makes the world go round one could make out a good case for saying it is the need for mastery, power and creative achievement that makes the world go round. This need has many aspects — the need to overcome opposition, to dominate people and things, to excel a rival and to succeed in general. It is behind the overcoming of obstacles, the playing of games of all kinds, the making a whistle blow, the splitting of a hard block of wood, the mastery of skills in music, the solving of problems and behind much of the creative work of the world — that of Pasteur and Florence Nightingale, Madame Curie and unfortunately also of Napoleon, Hitler and the gangsters of American cities.

In hospitals the chief application of this need lies in the skill of the nurse in getting the patient to co-operate in getting well — in mastering his disability. Patients can have a real sense of achievement as they take drastic treatments and actively make an effort to progress towards recovery.

So far there has been discussed the ordinary run of patients. There remain of course for understanding by the nurse the mental defective, the epileptic, and that great list of patients variously called neurotic or psychoneurotic. These are the folk who make adjustments to life by illnesses — by hysteria, neurasthenia, obsessions, phobias, etc. They get their sense of human response, of status and recognition and of mastery or power by being ill instead of well. Those who are interested may find much of interest in Part Two of Shaffer, L. F.—The Psychology of Adjustment (Houghton Mifflin Co.).

Summarizing, a good nurse knows that:

1. Her profession is a great profession because it deals not with sick bodies but with sick persons.

2. She will have to study all her life if she wants to understand persons.

3. She should be interested after graduation in her professional organization in its efforts to improve nursing.

4. What kind of a nurse she is depends upon what kind of a person she is — what her attitudes to life are and what degree of mental health she possesses. Nursing is a job worthy of long training and patient study in order to know people, understand them and serve them.

Nursing Care in Acute Poliomyelitis

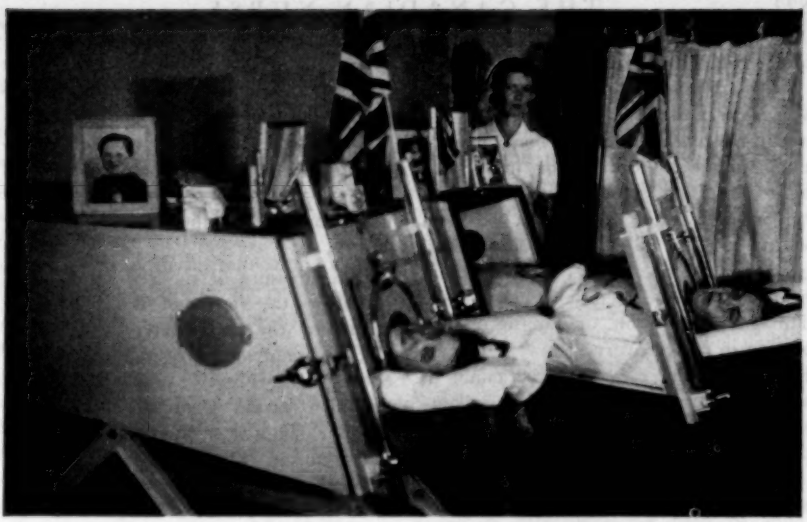
EDNA FELSING, RAMONA CARSON *and* KATHLEEN M. WALKER

Fredericton experienced its first epidemic of poliomyelitis during the summer of 1941. Previous to this time no case had ever been recorded within the city. At the time of writing, 61 patients suffering from this disease have been admitted to the Victoria Public Hospital for treatment. The youngest patient was only eighteen months old and the age of the oldest was 47 years. Most of the cases were of a paralytic type. As the epidemic progressed, it became apparent that emergency service had to be rendered. The new and enlarged hospital was already filled with ordinary patients and the regular isolation building was inadequate. It became necessary to open the recently renovated emergency hospital which is on the grounds, new plumbing fixtures were installed, the extra wiring was completed, beds and mattresses seemed to come from all directions and, within a few days, extra accommodation was provided. Our respirator was immediately brought into use, and others were loaned to us from centres not affected by the epidemic. For a time, four respirators were in operation simultaneously. The remainder of our equipment had to be improvised. Splints, cradles and foot braces were made out of light wood, Bradford frames and frames with slings were constructed out of wood and iron. We developed confidence and initiative by adapting ourselves to convenient ways of carrying out nursing procedures efficiently.

There are three classifications of poliomyelitis, namely: bulbar, paralytic and non-paralytic. In the treatment of the bulbar type, characterized by facial paralysis and difficulty in swallowing and speech, there may also be obstruction in breathing and mucus in the throat is extremely troublesome. Some relief may be obtained by the use of the aspirator and by administering oxygen. Non-paralytic poliomyelitis patients present much the same picture but without any evidence of paralysis and are given the same treatment. Rest is enforced and correct posture is maintained because the patient may later show slight paralysis or muscle weakness.

In describing the nursing care of poliomyelitis associated with paralysis it is advisable to discuss the treatment according to the three stages of the disease: acute, convalescent and chronic. We were concerned with the acute stage, which presents the greatest nursing problems. In the acute stage of poliomyelitis there are two vital points for emphasis: (1) saving the child's life and relieving the muscle pain; (2) preventing deformity by stretching the muscles for, if deformity takes place during the acute period, months or years may be needed to correct it. Careful techniques of isolation were used as the disease has been proven to be definitely transmissible. The exact period of communicability is not definitely known although it is thought to be about three weeks from the onset of the symptoms.

The onset of the disease is acute and usually febrile, the temperature reaching its height about the third day. There is nausea and vomiting or evidence of an acute respiratory condition with cervical rigidity, headache, backache, nervousness, irritability and marked muscle tenderness. Paralysis appears from the fifth to seventh day. Complete rest is essential and too great emphasis cannot



One patient is shown in the respirator. The other has been temporarily withdrawn for treatment.

be placed upon it during this stage. Nursing measures, such as are required in any other infectious disease, are used. Fluids are forced until the temperature is normal. Drugs are used for the relief of pain. Oil and glycerine enemata are used in preference to the ordinary enemata, because the majority of these patients have considerable paralysis of the abdominal muscles producing a loss of muscle tone and causing stasis high up in the bowel. Close observation of symptoms is very important.

The patients are placed on fracture beds or Bradford frames with the addition of suitable splints which are usually of light material and are removed and adjusted as ordered by the doctor. The nurse has the important duty of seeing that the paralyzed limbs are kept at all times in the correct anatomical position. A cradle may be placed over the bed, or a foot brace a few inches higher than the feet may be used to keep the weight of the bedclothes off the affected parts. Sandbags and foot braces are used to keep the feet in dorsiflex position so that the anterior tibial muscle will not be stretched at the expense of the contracting calf muscle. The feet must never be allowed to rest limp and unsupported.

The patient must be fed by the nurse during the acute stage whether there is any paralysis or not. Even mild cases are not allowed to sit up in bed due to the danger of weakening the abdominal or gluteal muscles. The body must be well supported when being moved and when being placed on a bedpan. The patient must never be allowed to assume a faulty position in an attempt to alleviate pain. The paralyzed limbs are easily over-extended and, if proper precautions are not taken at all times, the affected limbs may be further damaged or irreparably deformed. Muscle contractures come on very quickly, and incorrect position of any part of the child's body may injure

latent muscle power.

The affected limbs must be kept warm because the muscle fibres are not used and, therefore, body heat is not generated. Radiant or infra red-lights are used. Hot moist packs may be ordered, and these must be kept warm or they will do more harm than good. The temperature of any external heat must not be such as to cause tissue damage. Prevention of fatigue is important in the recovery of muscle power. Hence extreme care must be taken in allowing the patient to use the weakened muscles as he begins to improve and the muscle tone returns.

Since the paralyzed patient is going to be bed-ridden for many months, care of the skin is most important. Pressure sores appear with amazing facility and are due to poor circulation, immobility and pressure caused by splints. Ointments are used with good results. The skin is usually very dry and the patient is prepared for his bath by removal of the splints and such apparatus as would interfere with the care of his skin. He must be kept in the same position during the bath as when he is splinted. Support of the muscles must be maintained while bathing a limb. Only the lightest strokes are used when rubbing the back due to the delicate condition of the muscle fibres.

The respirator is used when there is respiratory paralysis. These patients have a loss of muscle tone of the intercostal muscles and breathe with the diaphragm. The respirations are rapid, there is cyanosis, and a distressed appearance of the face and ballooning of the abdomen are usually present. Unless emergency measures are taken the patient will cease to breathe. When respirations become laboured and the face cyanosed, the intercostal muscles are known to be paralyzed and the patient is placed in the respirator. He must be kept particularly warm until he has become adjusted to it. Woolly socks are placed on the feet, long woollen stockings on the arms, and the chest covered with a woollen nightingale. Warmth may be added by the use of hot water bottles.

The pressure of the respirator is adjusted to the needs of the patient by means of the manometer. The safety of the patient in the respirator is almost entirely the nurse's responsibility and she must always be on the alert to detect the slightest change in the action of the motor. The foot of the respirator is usually elevated for the first two or three days to aid in drainage of mucus from the throat and it is often necessary to use the aspirator. The rubber diaphragm around the patient's neck should be changed every four hours to prevent sores developing. Lint, with a lubricant such as alphamel ointment, is applied to the neck to prevent chafing. The nursing care of respirator cases is similar to that already described. The body must be kept in the correct anatomical position; the feet are braced with sandbags in dorsiflex position to prevent drop foot; the hands are kept at the sides and splinted; the whole body is bathed and rubbed with olive oil to prevent irritation and dryness. Patients with total paralysis of the intercostal muscles may require artificial respiration when they are taken out of the respirator for nursing treatments.

All poliomyelitis cases require mental therapy because the disease entails a severe shock to the nervous system. These patients, particularly during the period of muscle tenderness, are extremely irritable and insomnia is common. Unnecessary noise must be eliminated and stimulation of any kind is avoided. Barbiturates are usually pres-

scribed by the attending physician.

When the patient progresses from the acute to the convalescent stage supervision, consisting of observation and care, is still given by the nurse. The patient then passes on to the physiotherapist who carries out exercises to strengthen the muscle tone and to prevent immobilization of the joints.

In the acute stage, and as the patient progresses to the sub-acute stage with lessening of pain in the muscles and joints, stiffness of the joints and any tendency to contracture of muscles is prevented by moving each joint two or three times a day. This passive movement is performed by the physiotherapist very gently and with great care to prevent undue stretching of paralyzed muscle. During this stage, when recovery of function is most marked, massage and passive movement may be ordered. The patient then progresses to very gradual active movement, under strict supervision by the physiotherapist, to prevent any overfatigue. The importance of rest in the treatment of poliomyelitis cannot be stressed too much. It is far better that a patient's convalescence be very slow rather than that he should at any time become overfatigued. For this reason, it is often at first only possible for a patient to contract a muscle or perform a movement once before fatigue sets in. It is in recognizing the early signs of fatigue, and in being able to increase or decrease the amount of work performed by one or more muscles, that the physiotherapist takes such an important part in the treatment.

As the patient reaches the convalescent or chronic stage, which in turn may last from three months to two or more years, nursing care may cease to be necessary. The patient progresses to greater activity under constant supervision, as his muscle power increases. For this active exercise, pools, baths, slings, weights, and pulleys may be used to assist the physiotherapist in grading the difficulty of the exercise. The patient's mental attitude is very important, and therefore the *idea* of movement in the affected limbs has to be kept alive or re-educated. It is also difficult in many cases for the patient to adjust himself to facing life with some handicap, or being unable to perform the work for which he was trained, and considerable sympathetic attention is often necessary. It is here that the services of a trained occupational therapist may prove invaluable and where the nurse or physiotherapist may be able to provide work or handicrafts to enable the patient to become independent or even self-supporting. An excellent booklet, entitled "The Nursing Care of Poliomyelitis", is published by the National Foundation for Infantile Paralysis, 120 Broadway, New York City, and is highly recommended.

However badly paralyzed a patient may be, it is important to maintain a hopeful attitude, and never to emphasize the fact that he cannot do all that a normal individual can do. Even after years of treatment, and when it appears that recovery has ceased, it is often possible for the orthopaedic surgeon, by means of braces and supports, or by tendon transplantation or joint arthrodesis, to enable a patient to walk or to perform tasks for himself that he would otherwise have been unable to do. In spite of the damage the disease can do, the situation is never hopeless. Provided he co-operates with the doctor, there is nearly always the possibility of some degree of recovery or adaptation which will enable the patient to become a useful and well-adjusted member of society.

Finding the Time

GERTRUDE M. HALL

Miss Martin, the efficient supervisor on Ward C, put down her pencil with a sigh and pushing aside the nurses' time sheet and the work assignment list, murmured something about wishing Miss Caley, the superintendent of nurses, would just try managing this busy ward with only four nurses — and half the time one or more of them were rushing off to class. Eight-hour day indeed! The students would be fortunate if they got off duty before ten o'clock tonight with all those sick patients to be cared for.

Picking up the work assignment list, she began to assign the patients to the group of students who would put forth their best effort to make the patients comfortable and happy. "Let me see now, there is Mrs. Black who is having continuous gastric suction and an intravenous twice a day. She is so ill I had better assign a senior nurse to fix her up. She certainly should have skilled care. Then there is Mrs. Brown, in 410. She has been upset by having all those examinations and tests and the doctor not being able to tell her what is wrong or how soon she may go home. By the way, I wonder if the student remembered to give her a special tray. She missed her breakfast because of the metabolism test and the doctor has ordered extra diets. Mr. Smith in 405 has just been put on a Sippy diet and an intermediate student should be able to manage him. I must remind her of the importance of serving his milk and powders on time and to see that he has plenty of pleasant reading matter on hand to divert his attention from the lack of food. We must see that he is kept cheerful."

As Miss Martin proceeded to assign the patients for nursing care, keeping in mind the experience level of her students, she became concerned over the bright little junior nurse who had been sent to her ward recently. Juniors were always eager to put into practice the procedures their nursing arts teacher had so carefully taught them. They would show the head nurse they were just as efficient as any senior. But alas, it was not long till they discovered that with all the demands of this ward, there just wasn't time to do what the instructor called finished nursing. They had to cut corners in order to get the sponging done before the luncheon trays appeared. Miss Martin recalled, with a smile, a statement which the professor of nursing at summer school had made to the class of head nurses about the menace to good nursing service which lies in placing more work upon the shoulders of nurses than they are able to do and to do well. Another fact to be faced by hospital and nursing administrators is the impossibility of doing two hours of work in one hour of time and yet maintaining good standards. Well — it certainly is true — but what could the head nurse do about it? She had gone over all these difficulties with the superintendent of nurses who, in turn, always agreed that more nurses were needed but had not been able to convince the board of directors that more general duty nurses were required and should be employed.

Miss Martin pondered over this question and finally decided to work on a plan which might assist Miss Caley in proving to those genial but hard-headed

gentlemen that the reputation of the hospital was largely dependent upon the nursing service. Several of them were successful business men and, if you were to ask any one of them whether they were following the same methods of business which were in vogue twenty years ago, they would be quite amused as they recalled the many changes which keen competition and modern methods had brought about. Surely they could be brought to realize that medical science had made just as many if not greater strides, and that each new discovery brought startling changes and indeed had revolutionized many of the old methods of diagnosis and treatment.

The whole situation had so many angles that it seemed difficult to arrange them according to importance. Well, one thing was evident: there must be facts and figures to prove that increased diagnostic facilities and many of the new scientific treatments had increased the load on nursing services. A study of the time required for such procedures would be illuminating and might prove to be the means of securing sufficient personnel to give the necessary nursing care to all patients for, in spite of all the extra responsibility the nurse has accepted, the patient must still be sponged, her teeth cleaned, hair combed, bed made, nourishment and medications must be given, temperatures taken, bed pans distributed, the patients back must be cared for and pressure sores prevented, the ward must be kept clean and tidy, the heating, ventilation and lighting regulated. Little attentions were always being requested and rightly so. The patients welfare and comfort were dependent upon ready response to these requests. The student nurse had been taught to carry out procedures quickly and efficiently but one must not forget the individual patient who, because of age and degree of illness, required extra time. There were so many intangible factors difficult to explain but none the less important. In any case she would stress the necessity of providing enough time to make possible a good quality of nursing. It seemed to Miss Martin that all these points should be obvious even to business men.

Where should she begin this time study and how should she plan to carry it out? First she would list those procedures most frequently used and submit them to Miss Caley. The intravenous infusion certainly ought to be first on the list; blood transfusions were now being done on the ward; more patients were having lumbar punctures as a diagnostic procedure; nasal suction was used routinely as a post-operative treatment — and so the list continued. A form was prepared which was attached to the day report showing the number of specified treatments carried out in the previous twenty-four hours from 7 p. m. till 7 p. m. When the list was completed it included the following procedures: intravenous infusion, blood transfusion, lumbar puncture, continuous nasal suction, Miller Abbott tube, sigmoidscopic examination, Elliott treatment, bladder decompression, colostomy irrigation and dressing, intramuscular injections, intravenous injections, intravenous pyelogram. There were also craniotomy and neurology cases for which temperature, pulse, and respiration had to be taken hourly and ice had to be applied. Pre-operative patients were admitted who required treatment. a number of patients were on forced fluids and there were also sterile preparations to be done.

Setting out the objectives of the study was the next step and included

(1) to show as accurately as possible the amount of nursing time spent on special treatments over a period of three months; (2) from this information to determine, if possible, what nursing service personnel would be required to furnish adequate nursing care to all patients. To do this, a number of different treatments should be timed and their frequently and time of occurrence recorded. It would be necessary to use a stop-watch so that all timings would be accurate. The constitutent parts for the timing of each treatment would include preparation for treatment, giving treatment, cleaning up after treatment, charting of treatment.

With this plan carefully outlined, and armed with that invaluable guide book known as "Clinical Education", by Blanche Pfefferkorn and Marion Rottman, in which is to be found a technique for a time study, Miss Martin set forth to discuss with the superintendent of nurses, the possibility of putting her plan into effect. Miss Caley was quick to see the value of such a study and promised to find an experienced and qualified nurse who could be released to take charge of the project. Miss Martin was delighted when, a week later, she was called to the school of nursing office to learn that she was to be relieved of her supervisory duties so that she might begin at once to put into operation the study which she had so carefully outlined. How she went about it will be described in the next issue of the *Journal*.

(*To be continued*)

A Demonstration Course for Practical Nurses

MADALENE BAKER

For some time, nurse leaders in London, Ontario, have recognized that supply of all types of nursing care which may be needed in any community cannot be overlooked in any satisfactory solution of the nursing problem. This conviction has deepened with experience. From 1923 to 1940 the London Central Registry for Nurses has the unique record of being the only registry in Ontario carrying the names of practical nurses on its call board. The foresight which led to this arrangement can be entirely credited to our first registrar, Miss Jessie M. Mortimer, who is herself a nurse and is a loyal and true friend to every nurse in the community. It was due to her appreciation of the fact that many patients do not require skilled nursing service and that many people are unable to pay for a service they do not require, that practical nurses were included in the set-up. This group, carefully selected under the keen eye of Miss Mortimer, were women with good commonsense but without any special preparation. Out of our experience of business association with this group has come the realization that registries should be organized so as to be capable of supplying qualified persons for every type of nursing service to meet the special needs of the individual and of the case.

We are convinced that there is a need for some preparation for practical nurses to equip them to carry out delegated duties and we are of the opinion that some instruction should be given in simple nursing, and a great deal in housekeeping and practical cookery. This would at least help to prevent complaints such as: "That practical nurse you sent me is dreadful. She even boiled the hamburg steak".

In an attempt to meet the nursing needs in the community, and out of consideration for the plight of the paying patient of moderate means, the London Central Registry for Nurses, is demonstrating a course of instruction for practical nurses. The project is being carried on with the approval of the Registered Nurses Association of Ontario who are contributing the sum of two hundred and fifty dollars to assist with the experiment. It is hoped that this demonstration will serve as a measuring rod for future guidance in establishing a standard for all who nurse the sick for hire. The following is an outline of the suggested plan for demonstration courses:

Purpose: The purpose of this course is to qualify suitable persons to care for the non-acutely ill in their homes. They would be qualified (a) to nurse aged, convalescents, chronic medical and surgical patients where only simple nursing skill is required; (b) to work in conjunction with a registered nurse where skilled nursing care is required.

The length of the course is six months of which three months is to be spent in taking a course of instruction and three months in practical experience under supervision. The outline for a course of instruction includes a series of classes in personal hygiene, nursing ethics, housekeeping, including the care of sick room. Instruction will also be given in simple nursing routine such as bed-making, bed and tub baths, moving and lifting patients, bed postures, care of the back, and feeding patients. First aid procedures will be taught and the oral administration of medicines.

The simple treatments which will be taught include the taking of temperature, pulse and respiration; filling hot water bottles and ice caps; making poultices and mustard plasters; giving enema; hot and cold fomentations. Instruction will be given in the general care of well children and in the method of making up a formula for feeding. Household economics and pratical cookery will be stressed and will include the purchase, preparation, cooking and serving of food. Special attention will be given to normal diets for adults and children, the preparation of invalid dishes, and simple budgetting.

Practical experience will be arranged as follows: (a) two months in an institution caring for aged and chronically ill patients; (b) two weeks in homes under the supervision of the local branch of the Victorian Order of Nurses; (c) two weeks in a day nursery caring for well children. Instruction is being given by a qualified experienced instructor of nursing, assisted by an experienced graduate dietitian who is well versed in household economics and practical cookery. The requirements for applicants are as follows: (a) physical examination, including chest x-ray; (b) academic education of not less than entrance certificate to high school; (c) an agreement to complete the course as undertaken; (d) an agreement to identify themselves with the London Central Registry for a period of two years.

The age of the applicant must be between 20 and 40 years and it is believed that valuable data will be made available by selecting the students from different age groups. The instructor will report concerning proficiency in

simple nursing care as will the dietitian in housekeeping and home economics. The Victorian Order of Nurses will record the nature of the work done in the home. The registered nurse superintendents of the institutions caring for the aged and chronically ill will evaluate the work as will the nurse in charge of the day nursery. At the completion of the course a follow-up system will be carried on for a two-year period.

It is interesting to note that a number of applicants wishing to take the course had sufficient academic education to enter schools of nursing. They were directed into the proper channel. One applicant had senior matriculation while another needed only a year to meet the requirements and, on advice, returned to school.

Miss Retallick Retires

Greatly to the regret of her friends and fellow workers, Miss Maude E. Retallick has resigned as executive secretary-treasurer and registrar of the New Brunswick Association of Registered Nurses, after holding this position for a period of some seventeen years. Born in West Saint John, N. B., Miss Retallick received her early education in the public schools of her native city, and then entered the Training School for Nurses of the Massachusetts General Hospital in Boston. After her graduation, she held several executive positions in the United States, returning to Saint John in June, 1913, to take over the superintendency of the General Public Hospital School for Nurses, a position which she held until December, 1920. During that period, in addition to her duties in connection with the school, she gave freely of her time and experience to nursing organization.

In 1916, the Act of Incorporation of the New Brunswick Association of Registered Nurses was passed, and Miss Retallick became the first secretary of the Association in a voluntary capacity. When the first examination for registration of nurses in New Brunswick was held in 1918, still in a voluntary capacity, she served as registrar and secretary of the board of examiners. She continued to render this service until 1923 when the work of the Association had grown to such an extent that it was found necessary to have a paid executive and Miss Retallick was naturally selected to fill this position. To the combined offices of secretary-treasurer and registrar there was added, in 1937, that of school visitor, a long-felt need in this province.

Miss Retallick has retired from active work, but we know that she will always have the interest and welfare of the nurses at heart. She has always, during her long years of service, been a great help and inspiration. We extend to her our best wishes for many years of health and prosperity. She has been succeeded as secretary-registrar by Miss Alma F. Law, a graduate of the School of Nursing of the General Public Hospital, Saint John. Miss Law has been engaged in institutional work and for the past seventeen years has held an executive position in the Aroostook General Hospital, Houlton, Maine.

—MARGARET MURDOCH

Let Nothing You Dismay

Thanks to the Royal Navy, we are confident that the Christmas number of the *Journal* will arrive in Britain in time to convey our greetings to our Canadian Nursing Sisters overseas. What a bonny lot they are, and how proud we are of them! Although the full measure of opportunity for service has not yet been given them, we know how well they will rise to it when the hour strikes.

By the time these words appear in print it is probable that about three hundred Canadian Nursing Sisters will be serving in military hospitals in South Africa. Miss Gladys Sharpe, who until recently served as Matron of the R.C.A.M.C. Hospital in Camp Borden, will be in charge of the group. What a glorious adventure lies before them!

Because we are British ourselves, we can also rejoice in the magnificent courage displayed by British civilian nurses. Their spirit is reflected in these excerpts from a letter, written to Miss Eileen Flanagan, by Sister Ida Heany, of the London Hospital:

"Six months today since we came here and much has happened in that time. The huts are all spick and span, the classroom equipped and the teaching of students in full swing. There are still three huts to be opened but we can easily fill them. The hospital in the country has, I feel sure, come to stay. The visitors do not mind the journey and certainly the patients seem to pick up in health much more quickly. As for us, we do not know ourselves, out in the open seeing the sky, and close to green fields. Naturally there are drawbacks, one is that as yet there is no nurses' home. They sleep in dormitories which are quite comfortable though rather noisy. I live in a lovely old house at least 100 years old and when I come on duty in the morning, I meet boys and girls going to school and munition workers going to their

jobs, helmet and gas mask over their shoulders, and always cheery and jolly. None of the glory of the war, but just the steady workers, keeping on day after day, not letting things get on top of them. Even if we civilian nurses do not share the glory of the army and air force at least we are caring for and keeping well those who are dear to them."

Canadian Nurses for South Africa

Ready to follow shortly the second group of Canadian nursing sisters to sail for South Africa, a third unit of forty has completed documentation. This brings to 160 the number of Canadian nurses now enrolled for duty in South African military hospitals.

All provinces and military districts are represented in the latest group.

From Alberta are: Audrey Stephenson, Red Deer; Mabel Edith Trowbridge and Jean M. Campbell, Edmonton; Antoinette Starling, Hackett and Medicine Hat; Thora Dobson, Vulcan and Red Deer; Isabel T. Gilbert, High River and Calgary; Jessie Archer, Lamont and Edmonton.

British Columbia: Nancy Islip, Naksup and Vernon; Helen B. MacPherson, Vancouver and Revelstoke.

Manitoba: Marie Eileen Morton and Jean Wheeler, St. Boniface; Lillian Annie Blair, Melita; Ruth P. Milner and Kathleen M. Young, Winnipeg; Muriel de Long, Dauphin; Norma K. Stowe, Miniota.

Maritimes: Norma Jean Ayers and Marjorie L. Cox, Charlottetown; Mrs. Bertha Ann Johnstone, Sydney Mines and Westville, N. S.; Mildred Goodill, Rolling Dam, N.B.; Nellie Margaret Mills, Truro, N. S. and Moncton, N. B.

Ontario: Annie P. Henderson, Keewatin; Ada Ruth Twilley, Oshawa; Helen M. Schuster, Belleville; Vera Jewell Caird and Dorothy Helen Shaver, Brockville; Evelyn Hopkinson and Laura Hazel Blagden, Galt; Irene Sadlier, London; Marie van der Haegen, Ottawa, and native of Denholme, Sask.; Agnes Hass, Renfrew.

Quebec: Helen McQueen, Janet Dunn, Georgina W. Young, Montreal.

Saskatchewan: Evelyn Nicol, Spruce Home and Saskatoon; Eva Pool, Kindersley; Anna Dorothy Savisky, Prince Albert and Saskatoon; Verda McConnel, Shaunavon and Regina; Martha Hellen Loken, Rosetown and Saskatoon.

Royal Canadian Navy Nursing Service

Establishment of a nursing service in the Royal Canadian Navy is disclosed in the Canada Gazette. A navy spokesman described the new service as an off-shoot from the army nursing service which formerly looked after navy needs and said the service would be on a small scale.

Navy hospitals are being built at Halifax and Esquimalt and the nursing service will staff them. It might also staff other small units at other places but none of the nurses will go to sea.

The highest rank in the service is that of matron-in-chief, equivalent to lieutenant-commander, and the pay is $7.75 a day. Matrons, who have corresponding rank to lieutenants draw $6.50. Nursing sisters and dietitians get $4.25 and have rank equivalent to sub-lieutenant. A nursing sister who is an assistant matron or in charge of a hospital of from 100 to 175 beds gets an extra 50 cents a day. Home sisters and physiotherapy aids, with corresponding rank to midshipman, are paid $3.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Provincial Associations

The outstanding activities of the provincial associations of registered nurses during the past four months are summarized for the information of members of the Canadian Nurses Association:

Alberta: The Department of Health has passed a regulation to the Alberta Hospitals Act making registration compulsory for all nurses employed in approved hospitals in the Provinces. The educational requirements for entrance to schools of nursing in Alberta are now attached to the pamphlet "Should You Wish to Become a Nurse" before distribution.

British Columbia: Drafting of the new Act and revision of the by-laws are about completed for presentation to the legislature. As a result of recent study, it is apparent that there is urgency for the establishment of regional nursing bureaux. A delegation was asked to meet representatives of the government and to express views on the proposal of some hospitals to give short courses in nursing, and on the course being given by the Technical School to prepare young girls for helping in the home during illness.

Arrangements are being made for a course of instruction in health to be given by the Registered Nurses Association of British Columbia to members of the Women's Auxiliary Corps.

Manitoba: A course of twenty lectures in ward teaching and supervision is being carried out. A committee of administrators has been appointed to outline the duties for subsidiary workers, and to prepare a salary schedule which will be acceptable to hospitals in the Province. This schedule is to be referred to the Manitoba Hospital Association for approval.

New Brunswick: This year marked the twenty-fifth anniversary of incorporation of the New Brunswick Association of Registered Nurses. A great deal has been accomplished in nursing activities and in war relief work. New application forms for registration are being used, based on the new Act. The legislation committee has been given power to act regarding an amendment to the constitution dealing with reciprocal registration.

A shortage of registered nurses is apparent, but as yet there seems little difficulty in obtaining desirable students for schools of nursing. The award of a scholarship is being continued and the student to agree to return to the province for one year.

Nova Scotia: Requests have been received from several hospitals in the United States for nurses to help staff their institutions. There has been a considerable increase in the number of applications to write the examinations for registration but there has been only a slight increase in the number of paid-up members in the Association during the year.

Ontario: An organizer has been appointed to assist with the re-organization or the establishment of registries for graduate nurses and to give guidance in registry problems. The Registered Nurses Association of Ontario is

to assume full responsibility for the salary of the organizer when engaged in the work and is to provide for the living and travelling expenses if such arrangements are not undertaken by the local registry.

The number of requests for loans from the Permanent Education Fund is increasing; since 1938 twenty-eight loans have been granted.

A committee was formed to act in an advisory capacity in nursing to the Controller of Medical Services, and to the Chief Nursing Warden for Toronto in connection with nursing services during a demonstration blackout. It will continue to act as a sub-committee of the Committee on Emergency Service and is ready to assist in general organization work in connection with the Civilian Defence Committee.

Prince Edward Island: There is a definite shortage of private duty nurses. Twenty-nine out of the one hundred and twelve members of the Registered Nurses Association of Prince Edward Island are enrolled for military service. As yet there is no difficulty in obtaining students with Grade XI standing for schools of nursing in the Province.

Quebec: Reports show a definite shortage of graduate nurses for hospital duty. A campaign was carried out for the enrolment of all registered nurses and of all other persons with any nursing knowledge and experience. The majority of schools now include the teaching of First Aid on their curriculum. The Supplement to the Curriculum is being widely used in the schools as a guide to clinical teaching.

A special committee has been set up to study the registration act and the existing provisions in all other provinces so that proposed amendments may be made in order to secure better legislation.

Saskatchewan: The Saskatchewan Registered Nurses Association has concentrated upon the study of professional problems arising out of present world conditions. Arrangements have been made for all eligible employees of the Association to participate in the Unemployment Insurance plan.

In response to a call from one centre in the province, the provincial office sent a list of nurses who had indicated their willingness to serve in the event of a local emergency.

Sections

The General Nursing Section, through the provincial sections, secured some information relative to shortage of nurses. A shortage appears to exist in military centres where the population has been substantially increased, in small towns and in rural hospitals, while in other localities the supply is adequate. It was learned that many married nurses are willing to return temporarily to active nursing at peak seasons and for any emergencies. It was suggested that a more even distribution of nurses should be considered. The section requested the Executive Committee of the C.N.A. to recommend to the provincial associations that interprovincial reciprocity without fee be established during the present emergency. The Executive Committee of the C.N.A. has submitted the following recommendation to the provincial associations:

That the Canadian Nurses Association Executive Committee recommends to the Provincial Associations that they give consideration to the possibility of issuing permits without fee for a period up to but not to exceed four months to nurses entering their province to fill a definite position during the period of the war. These nurses must be eligible for registration in the province in which they are granted the permit

and must be registered and in good standing in the province from which they came and must retain that standing in their own province.

Should this recommendation be approved by the provincial associations, the latter will then be asked to keep National Office informed as shortage or over-supply occur, in an attempt to relieve either situation.

Hospital and School of Nursing Section: It has been decided that the Section undertake to sponsor a page in *The Canadian Nurse* as desired by the majority of the provincial sections.

There has been discussion over the lack of uniformity in the examinations for registration of nurses in the various provinces, which has resulted in the Committee on Instruction, under the guidance of the Committee on Nursing Education, C.N.A., undertaking a study of the examinations for registration.

Public Health Section: The Provincial Sections are being asked for suggestions regarding the type of material they wish published in *The Canadian Nurse*, the arrangement of publication, and the topics on which they would like to write.

The results of a study of the number of nurses with public health training that can be absorbed in each province annually in order to meet the requirements of established services are in preparation for publication.

British Nurses Relief Fund

The following letter is one more evidence of the thoroughness with which the nurses of Britain carry on. The writer, as an air-raid victim, received some help from the fund which the nurses of Canada have decided to maintain as long as such help is needed by Britain's courageous nurses. The letter is quoted in full:

May I tender my heartfelt and sincere thanks to you and all those kind Canadian nurses who have sent help to us here through your generous fund.

I was one of the many nurse victims of the Nazi's most vicious raid on London on the night of May 10-11th. I was on night duty and, when I returned in the morning to the house in which I was then residing, I found my room burnt out. My clothing, uniforms, books and personal belongings were completely destroyed.

At a friend's suggestion, I made application to the Royal College of Nursing and they gave me a grant of £10 from your fund. With this, I have replaced my medical books, equipment and other most urgently needed things and, as I use them, I think with pleasure and gratitude of the kindness and thoughtfulness of my fellow nurses in Canada. Thank you all once again.

Contributions to the British Nurses Relief Fund have been received from:

Nova Scotia:

Registered Nurses Association of Nova Scotia:	
Antigonish Branch	$ 5.00
Colchester County Branch	13.50
Lunenburg County Branch	15.00
Halifax Branch	36.25
Pictou Branch	17.00
Valley Branch	33.75

Ontario:

District 1:	
Graduate Nurses, Charlotte Eleanor Englehart Hospital, Petrolia	2.50
Nurses of Windsor	95.00
A.A., Memorial Hospital, St. Thomas	16.75
A.A., Charlotte Eleanor Englehart Hospital, Petrolia	18.00
Districts 2 and 3:	
Nurses of Districts 2 and 3	13.00
District 4:	
A.A., Niagara Falls General Hospital	25.00
Nurses of St. Catharines	34.00

District 5:	
Nursing Sisters, Military Hospital, Camp Borden	26.00
Staff, City and Country Hospital for Sick Children, Toronto	105.65
A.A., St. Michael's Hospital, Toronto	100.00
A.A., Toronto General Hospital	150.00
District 6:	
Peterborough Nurses	24.40
Chapter A—District 6, Registered Nurses Association of Ontario	31.05
District 7:	
A.A., Kingston General Hospital	5.50
A.A., Brockville General Hospital	150.00
A.A., Ontario Hospital, Brockville	55.00
A.A., St. Vincent de Paul Hospital, Brockville	39.50
District 9:	
Kirkland Lake Nurses	24.55
Graduate Nurses, Sioux Lookout	10.00
Individual contribution	5.00
District 10:	
Graduate Nurse Staff, Port Arthur General Hospital	15.00
Nurses of District 10	100.00
Prince Edward Island:	
Charlottetown Council of Catholic Nurses	20.00
Saskatchewan:	
A.A., Saskatoon City Hospital	25.00
A.A., and student nurses, St. Elizabeth's Hospital, Humboldt	15.00
Individual contributions	25.00
Saskatoon Registered Nurses Association and nurses in Saskatoon	252.44
Nurses of Weyburn	29.00
Swift Current Quota Club	5.00

Florence Janet Potts

After a long illness, borne with exemplary fortitude and patience, Florence Janet Potts died at her home in Ottawa on November 11, 1941. Miss Potts was born and educated in Ottawa, and received her professional training in the Lady Stanley Institute of the Ottawa Protestant Hospital. Later, she took a post-graduate course in hospital administration at Teachers College, Columbia University, and in 1913 was appointed superintendent of nursing service and director of the school of nursing of the Hospital for Sick Children, Toronto. After filling this position with conspicuous success for nine years, she resigned in order to become director of nursing service in the Shriners Hospitals for Crippled Children in North America. In this capacity, she organized, staffed and equipped the various Units from coast to coast in the United States, and in Montreal and Winnipeg in Canada.

Her periodical visits were a source of inspiration and help to the respective boards of directors as well as to the members of the nursing staffs. Her standards were high and, while consistently living up to them herself, she expected others to do so. Yet she was so understanding and kindly, and had such an unfailing sense of humour, that everyone responded to the best of their ability. In 1934, greatly to the regret of all her associates, failing health compelled her to give up her work and to return to her home.

During the years she lived in Canada, Miss Potts took a very active part in the work of nursing organizations. From 1914 to 1922 she served as an officer of the Canadian Association of Nursing Education. She was a councillor of the Canadian Nurses Association for four years, and its archivist from 1921 to 1924. Her memory will be held dear, especially in the Hospital for Sick Children, where it will be kept in mind by the Scholarship which bears her honoured name.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

Public Health Nursing on Prince Edward Island

MARGARET I. DARLING

Prince Edward Island is about 130 miles in length and varies in width from 3 to 35 miles. It has a population of 89,000 and the chief industries are farming and fishing. Five district nurses are employed by the Provincial Government and one full time tuberculosis nurse is financed by the Tuberculosis Seal Fund. Public health nursing on the Island is probably similar to that done in any other rural and urban community. In addition to school nursing and house visiting, it includes helping with chest, orthopedic, dental, and inoculation clinics.

Routine school inspections occupy a great deal of our time and are, I think, the most important part of our program because one thereby gains an entrance to the home more readily than in any other way. For instance, the nurse visits a certain school, and, in the course of the health inspection, finds a girl of eleven with poor vision. A call is made at the girl's home and as the parents are indigent, the Red Cross provides for the examination and glasses. In the same home, the nurse sees a little fellow of five years with a limp, and, on inquiry, the mother says that although the child has been lame since he started to walk, he seems well and they are unwilling to have him taken to a doctor because "he may hurt". However, after much persuasion permission is gained to take the child to our crippled children's clinic for examination. The doctor explains that the child has a congenital dislocated hip which could have been corrected without much difficulty some years earlier, but now requires an operation if the child is not to be crippled for life. The parents object, but are finally convinced and give their consent to the operation. The doctor asked that the child be immunized against diphtheria before entering hospital and the nurse took this opportunity to inoculate the other children in the family. Infant care and feeding for the baby were outlined to the mother and thus a whole family was reached and helped.

Tuberculosis is a major health problem. Late diagnosis, due largely to poverty and the increasing scarcity of doctors in the rural areas and difficulty in gaining admission to the one Provincial Sanatorium which usually has a waiting list of forty to fifty active cases, keeps our tuberculosis death rate far too high. A man and his wife in their early twenties, with a nine-months old infant, arrived at a rural chest clinic this Spring. The husband has far advanced tuberculosis, the wife was a moderately advanced case, and the baby was of course

infected but still apparently well. This young couple were keeping a country store in which they lived and this small source of income was immediately cut off. We persuaded them to let some of their family take the baby, but it was three months before the man could gain admission to sanatorium during which time his wife took care of him and aggravated her own condition. Now her burden is lightened and, with her mother to care for her, she has gone to bed but she still needs treatment in sanatorium. This man's twin sisters had been skin tested by the patch method in school the previous year and were found to be positive reactors, but no active disease was apparent upon fluoroscopic examination. The parents were also examined at that time and found negative. Upon re-examination this year, however, one of the twins now has a minimal lesion and must stay in bed at home. All known contacts of this man and his wife have now been examined. No more active cases have yet been found, but all have positive skin reactions and must be kept under observation. Our tuberculosis work is never-ending and is often discouraging but somehow repaid by a knowledge that we are doing a little towards promoting early diagnosis.

Public health nursing on Prince Edward Island is like and yet unlike that in any other province. In the winter we face transportation difficulties. The trains go so slowly and are seldom on time. We spend many long hours in little grubby waiting rooms, or in the train waiting for the snow plow to rescue us, or in driving a horse and sleigh along wintry roads. But in the summer after the winter has passed, we drive along the intimate country roads with a glimpse of the sea or of an inlet bordered by red banks and white birches and think that, after all, our effort is well worthwhile.

Miss Aletha McLellan Retires

ALETHA MCLELLAN

The Metropolitan Health Committee, Vancouver, B. C., has recently lost by retirement, Miss Aletha McLellan, their valued and beloved supervisor of nursing services. Miss McLellan is a native of Noel Shore, Nova Scotia, and a graduate of the Lowell Training School for Nurses, Lowell, Mass. Upon her arrival in Vancouver, she accepted an appointment as school nurse with the Vancouver School Board, a position which she held from 1911 until her promotion in 1938 to that of supervisor of the staff of forty nurses comprising the nursing services of the Metropolitan Health Committee.

Much appreciation of Miss McLellan's school work has been shown by

former pupils, great and small and of all nationalities, whose health and welfare were so ably promoted by their understanding school nurse. Miss McLellan has also given much time and valuable help to nursing organizations, social service, and to Red Cross activities. Ready wit, sympathetic understanding of the problems of others, and the happy faculty of being able to keep her head when others were losing theirs are qualities which have endeared Miss McLellan to all her friends and associates. They now wish that, in the playground of retirement where school bells do not call, she may find health, time, and opportunity for the fulfilment of happy dreams.

Highlights of the A.P.H.A. Convention

LOUISE E. TUCKER

Atlantic City was certainly a grand place in which to hold the convention of the American Public Health Association. How those warm stimulating sea breezes lightened our footsteps as we walked along the board walk to the hall where the sessions were held. This year the keynote was national defence. Dr. Thomas Parran, surgeon general of the United States Public Health Service, reminded us that while in the last war we were concerned mainly with the care of the fighting forces, in this war all our citizens require our services if efficiency and morale are to be maintained.

Much was said on the subject of nutrition and Dr. Tisdall, of the Hospital for Sick Children, Toronto, delighted a large audience by his remarks on Canada's war effort in this connection. Dr. Ebbs, of Toronto, also gave his findings in research work done in connection with the nutrition of expectant mothers. Dr. Helen Mitchell, director of nutrition for the United States Government, talked about the importance of the better nutrition of the civilian population. The average person is not aware of what he needs and thinks of health in terms of freedom from pain and illness. If we would marshall our resources for better nutrition, the average citizen would reach his optimum of health in one year and ten years might be added to the average span of life. In order to obtain these results, trained nutritionists, public health nurses, and social workers should use every available method to spread the teaching as widely as possible. A manual is now being prepared to show how everyone can take part in a nutritional program.

With the shifting of great groups of people into newly constructed industrial areas there is an ever increasing need for industrial nurses. In England, the Government can force factories of a certain size to employ medical and nursing aid but it is estimated that only one-third of the workers employed in industry in the United States have industrial nursing service. Miss Katharine Tucker, of the Department of Nursing Education of the University of Pennsylvania, stated that to meet the need for industrial nurses an emergency health bill was passed and 115

nurses were engaged to go to industrial areas when requested by the local Board of Health. Some have been sent to Hawaii and others to Alaska. Every nurse must become an industrial nurse and be interested in the working members of her own family. War brings threats of insecurity and mental hygiene nursing must come to the fore. Every public health nurse must assume responsibility for bedside care if war comes and the need is here.

Dr. John L. Rice, Health Commissioner for New York City, said that "the public believe, and I am afraid we have led them to believe, that we have considerable power in the control of influenza and poliomyelitis when, as a matter of fact, the procedures we now employ in these two diseases are of no demonstrated value. In German measles and chickenpox far too much ineffective energy is being wasted for fear the public will interpret our lack of action as wilful neglect rather than a lack of scientific knowledge. A recent decision to permit school attendance by children who have come in contact with measles was reached by a study of the Board of Health. Concentrated effort is being made to reduce the severity of the attacks by administering convalescent serum to a young age group. With the nurse spending less time in the school could not bedside nursing be incorporated into her program? Would not our girls in secondary schools find a class in home nursing more useful than some mathematics and our boys do well to take a course in first aid?"

The highlight of the convention for me was the address given by Sir Wilson Jameson, chief medical officer of the British Ministry of Health, who spoke of meeting the public health emergency in Great Britain. May I quote his final words of advice on the subject of defence: "Firstly, be prepared. Had England been prepared she might not have been where she is today. Secondly, a careful distribution of technical man power should be made. A good central body is needed to distribute health services where and when needed. Lastly, everyone must be alert and be willing to do what he can over and above his normal duties."

Obituaries

Mrs. Andrew Hope (Maria Gilchrist) died on October 16, 1941 at Sackville, N. B. Mrs. Hope was a graduate of the Mary Thompson Hospital Training School for Nurses and, during the Great War, served as a Nursing Sister with the British Columbia Base Hospital in England, Egypt, and Salonika. Prior to her marriage she was a member of the staff of the Shaughnessy Military Hospital, Vancouver. Quiet, gentle, and unassuming she gave unstintingly of herself to any task to which she set her hand.

Florence Sayer, a member of the staff of the Metropolitan Hospital, Windsor, died recently. Miss Sayer was a graduate of the School of Nursing of St. Joseph's Hospital, Chatham, and a member of the Class of 1927.

HOSPITALS & SCHOOLS *of* NURSING

Contributed by the Hospital and School of Nursing Section of the C. N. A.

More and Better Supervision

WINNIFRED M. COOKE

Secretary-Treasurer

Hospital and School of Nursing Section, Canadian Nurses Association

Upon the completion of the preliminary term the student nurse is assigned to hospital duty and is expected to take an active part in the general nursing care of the patients. This is where the conflict between theory and practice may begin and where the supervisor must assume direct responsibility for the teaching program on her ward. Supervision means the act of supervising but in schools of nursing the word takes on a much broader meaning—that of rendering expert guidance which will develop and improve the efficiency of the worker. Expert supervision is absolutely essential if the care of the patient is to be carried out satisfactorily and the student is to receive adequate instruction, help and encouragement.

If it is to be effective, supervision must be founded upon sound principles and must be constructive in nature. It must awaken interest (good nursing is largely based upon interest) and stimulate the growth of the student. Supervision should teach the student to be observant. This faculty cannot be acquired by passing examinations or by attending lectures or from the study of books. All these give the necessary knowledge of what to observe and how to observe, but the real opportunity for practice in observation is in the wards. The bedside of the sick patient is the only place where it is possible to learn real nursing by means of observation. Observation cannot be acquired without interest, and it is this mental attribute which prompts one nurse to see and to do a hundred small things that will make a patient more comfortable while another nurse will do only what she considers important. It is for this attention to the details of nursing care and the manner in which minor services are performed that the nurse will long be remembered by her patients.

When the students are assigned to the clinical field, the main educational objectives are to establish good habits of nursing technique and to ensure adjustment to ward situations. This period requires carefully planned assignments with close supervision and instruction. Medical and surgical lectures should begin with that first week

on the ward. This teaching program should be closely correlated with the ward practice and, as the student develops, she should be given increasing responsibility. This should be planned carefully as the student's most effective learning takes place through actual contact with patients. Students cannot become good nurses unless they are given the opportunity and time to do good nursing. Each day the student should be learning something new — learning to observe new conditions and acquiring greater skill in handling sick people. All this is lost unless the supervisor guides, leads, and instructs her.

The following considerations should be included in the planning of the clinical educational program: the case assignment method should be followed; the supervisor must know what classes, lectures and previous experience the student has had; she should also know the length of time the student is to be in her department. The work must be graded. The less seriously ill or convalescent patients should be assigned to the first-year students and the acutely ill patients be cared for by the more senior students. The clinical experience should be preceded or accompanied by careful instruction in subjects basic to that work.

How then are we to improve the quality of nursing in our institutions? It can only be accomplished by more and better supervision of our students during their clinical experience.

Transformation Scene

AUGUSTA EVANS

For one who has never seen the Isolation Hospital — a two-storey red brick building with cavernous, dismal, grey interior, lifeless and tired after twenty-nine winters, standing dejectedly on the river bank beyond and behind the main hospital — it will be difficult to picture the bright-windowed bright-walled buzzingly active institution which has replaced it. The ground floor has been made into a teaching unit and though it might at first seem impossible to fashion a modern unit from an old building nevertheless such a transformation was successfully brought about.

The instructors' office contains two desks, book-case, filing-cabinet, wall cupboard for supplies and books, and chairs. The service room contains a cupboard for housekeeping supplies, shelves for enamel-ware and solutions, hopper, sink, and bathtub (previously used for soaking linen). The dressing and treatment room contains ample cupboard space and shelves for surgical supplies; dressing and treatment trays; work table; refrigerator; electric plates and sink. The high-ceilinged classroom, bright and well ventilated, will accommodate sixty students. It contains such teaching aids as blackboard, charts, lantern, manikin, skeleton, and in addition instructor's desk and student chairs with arm rests. The demonstration room will accommodate a class of eighteen. It contains a bed and an adult-dummy; a cot and a child-dummy; bedside tables; chairs and screens and demonstration table. The practice room contains two beds, bedside tables, chairs,

screens, and is used by the students for "practice-back". The library and study off the classroom contains some two hundred books on open shelves, numerous periodicals, pamphlets, posters, drug-studies, and two study tables and chairs. The second study contains a large study table and chairs. The adjacent sun parlor contains our respirator or iron lung until suitable accommodation can be arranged for it elsewhere, at which time this room will be converted into another study. The second classroom, nick-named "the little red schoolhouse", will seat eighteen and contains portable blackboard, table and chairs. The library and the room for study remain open each evening until 9.30 p.m. and on Sundays and holidays from 10 a. m. until 6 p. m. Any student wishing to practice may obtain the keys to the dressing, service and linen rooms.

I hear a question: "What if an epidemic should occur?" And here is our answer. The second floor is still in use for patients and has as yet been sufficient for the demands made upon it this winter. Should it be necessary for us to vacate our newly acquired premises, we can do so in an hour and leave only the blackboard as evidence of our very recent occupation.

Book Reviews

Play for Convalescent Children, by Anne Marie Smith, Staff Instructor, Leaders' Training School, Community Recreation Service, Chicago. 133 pages, including index. Published by A. S. Barnes and Company, 67 West 44th Street, New York. Price (in U. S. A.), $1.60.

The purpose of this book is to show what can be done with play when it is made an integral part of the convalescent care of children and when it is considered a fundamental part of the education of the pediatric nurse. To many nurses, doctors, and hospital administrators, play would mean some form of entertainment which the children would watch passively, or perhaps the distribution of toys, probably not particularly well-chosen. Custom, precedent, routine, and concentration on disease have produced a cultural lag in many childrens' hospitals.

The first chapter, "New attitudes in using play", presents the argument for the need of understanding and guarding of the personality of a child as well as the care of his physical being. Since the real value of play lies in the preservation of emotional and mental health, which in turn affects the physical welfare, group activities which absorb the child and call forth spontaneous effort are particularly emphasized. Games serve as an efficacious means of co-operative interaction; not only are they on the child's level of understanding but in playing them thought and action correspond and call forth integrated behaviour.

The organization and administration of a play department in a children's hospital is carefully outlined and the discussion shows a wealth of experience and understanding of the hospital situation. Play should be under the direction of one who, in addition to being able to interpret the behaviour of children in each play situation, is also able to estimate the effects of different diseases upon the child's temperament and personality and to select his play activities accordingly.

In the chapter entitled "Play activities and their use", the value of play in education and in retardation is made clear. Play for crippled children and restricted patients, and before surgical operations helps dispel fearful imaginings and emotional tensions. Play with the newly admitted patient is equally important. Lists of tested forms of play are given and are supplemented by a bibliography where descriptions of the games may be found. The general biblio-

graphy is extensive and includes behaviour and conduct, growth, development, care and training of children, nursery school education, arts and crafts, and children's literature.

MADELIENE FLANDER,
Instructress of Nurses
Children's Memorial Hospital,
Montreal.

The Public Health Nurse and her Patient. by Ruth Gilbert, R. N., Supervisor of Social Work, Psychiatric Service in the Community, New Haven; formerly Mental Health Supervisor, Visiting Nurse Association, Hartford, 437 pages. Published by The Commonwealth Fund, 41 East 57th Street, New York City. Price, $2,25.

This publication will well repay the nurse who pauses to read it thoughtfully, in fact it might with justice be renamed "Every Nurse and her Patient". Nurses who read Miss Gilbert's book will not be satisfied until they own a copy so that they may keep it within easy reach for reference. In this volume the author emphasizes human values. She keeps continually before the reader the worthwhileness of the individual and of the nurses need to understand the underlying causes of human reactions, her own as well as the patients, in order that she may wisely guide families into healthful ways of living.

Divided into six sections, the book attempts in the first part to evaluate the place of mental hygiene in public health nursing. The following quotations are challenging and enlightening, "Nurses cannot do without this growing body of information. But often they do not know what to do with it. Mental hygiene is more than a body of teaching material, it has to do with attitudes and relationships which determine the behaviour of nurse and patient, including their use of the findings of modern medicine. In thinking about the integration of mental hygiene in public health nursing, we can stretch the term mental hygiene to include the more intangible realm of relationships and attitudes." It is this aspect of the subject which, in the main, is discussed in the sections which follow. The second devotes four chapters to "Nursing the sick patient". In the third section, three chapters are devoted to "Teaching health", this topic being developed in terms of relationships, both individual and group. One section deals with the maternity patient and a fifth discusses, with a wealth of detail, "The child in his family". The book concludes with a chapter on relationships with co-workers within and outside the employing agency.

This publication is well indexed and contains a fairly extensive bibliography. Illustrations from actual records help to clarify situations. It is easy to read. In an interesting manner it stimulates the imagination and arouses the desire to bring to public health nursing a deeper understanding and wider tolerance.

MARION E. NASH,
Educational Supervisor,
Victorian Order of Nurses,
(Montreal Branch).

Nutritional Deficiencies, Diagnosis and Treatment, by John B. Youmans, A. B., M.S., M.D., Associate Professor of Medicine, Vanderbilt University Medical School, Nashville, Tenn. 385 pages. Illustrated. Published by the J. B. Lippincott Company, Philadelphia and Montreal. Price, $6.00.

This is unlike most books on nutrition in that it is written from the point of view of clinical medicine, rather than from that of public health; it is, in fact, concerned with disease rather than with health. It deals with the more important vitamin deficiencies (including vitamins E and K and riboflavin and nicotinic acid) and also with the effects of lack of protein, calcium, iron and iodine from the diet; in each chapter, the origin, symptoms, and nature of the disorder is fully described and the proper methods of treatment are clearly indicated; an appendix details some of the chemical and other laboratory tests used as aids to diagnosis. Sensational claims are avoided, and the book may be recommended as a reliable and conservative guide, especially intended for and useful to general practitioners of medicine.

DAVID L. THOMSON,
Professor of Biochemistry,
McGill University.

STUDENT NURSES PAGE

A Satisfactory Adjustment

BERYLE HAWLEY

Student Nurse

School of Nursing, Montreal General Hospital

As preliminary students we all look forward with much pleasure to spending a morning in the outdoor clinic. My first patient was a little girl, Sheila S., who is six years old. She is rather slender and nervous but very active and intelligent. Sheila lives with her father and two brothers aged twelve and fourteen. A middle-aged woman has kept house for the family since the mother went to a mental hospital for treatment.

It seems that the child's teacher sent her home from kindergarten because she had a bad cough, so the housekeeper brought her to the clinic. The doctor examined her and said she had bronchitis and prescribed suitable treatment. During the conversation I found that the father works in a bank and, with a meagre income, is paying the housekeeper and supporting the family as best he can. They live in a five-room flat above a store. At the back there is a vacant lot and the flat is well exposed to light and air. The housekeeper had been sent into the home by the Family Welfare Association. She is a trained attendant and evidently has very good judgment in dealing with children. She found the home conditions most unpleasant. Dirt darkened everything and the children were tired and undernourished. Now a better routine has been established. The little girl gets her afternoon rest as well as sufficient sleep each night. Out of the regular allowance the housekeeper buys three quarts of milk a day, gets vegetables and even saves a little money for extras. Over the week-end, the housekeeper prepares sufficient food to last over Sunday, puts out clean clothes for each child and leaves everything handy so that the father can carry on and leave her free to go home. Mr. S. has proved himself capable of accepting this responsibility and on Sunday morning they all go to church and in the afternoon they read and rest. With such fine co-operation and fatherly devotion things seem to run quite smoothly.

There was little opportunity, in this case, for health teaching since good habits were already well established and applied. We did find out, however, that the younger boy was quite closely associated with his mother and is not making good adjustment to the change, consequently he is quite run down. We asked the housekeeper to try and persuade him to come to the clinic since the father also desires that he do so. From the social worker I found that Sheila had a history of upper respiratory infections which had necessitated hos-

pitalization. Under the new management, indications are that the family will have better care.

In the management of the child I did notice that the housekeeper's desire to have her act properly resulted in seemingly unnecessary discipline. For a child of Sheila's disposition I believe this to be unwise. The housekeeper said that she did not allow her to play with the neighbourhood children because they were bold and unrefined. This also I object to because the child, especially because she has no sisters, should learn to play with other children. These, however, are only suggestions and I think that in general the family is receiving good care. The Family Welfare Association has for several years known the family and has been trying to help them adjust to the new situations created by a mentally upset mother. The process will likely be a slow one but with good judgment and persistent effort it will be brought about.

Since outdoor experience brings us in direct contact with other families such as the one described, I believe it to be an essential part of every nurse's training. It gives her a chance to see what is being done for people by the different welfare associations and shows her how she may work with and utilize them. Furthermore it widens her knowledge of clinical work and stimulates her interest in community nursing. She sees the hands of medical science reaching out and bringing relief to hundreds of people in the community who daily flock to the clinics.

Letters from the Mission Field

The *Journal* is indebted to Miss R. Thompson, director of nursing in the Belleville General Hospital, for permission to publish excerpts from a letter written by Miss Hazel Reesor to a classmate. Miss Reesor graduated from the School of Nursing in 1940 and was accepted for work in the mission field and sailed for Africa several months ago.

I have been in Nigeria for nearly a month now and feel pretty well at home although I haven't had much time to do real language study. I delivered my first baby all alone and you should have seen me, down on my knees on the mud floor, with the patient on a grass mat. I managed to get some clean cloths to put under her and sent a woman to her hut to get some native cotton which is non-absorbent but takes the place of sponges and works quite well after being soaked in disinfectant. Surgical technique is nil and one just has to keep as close to aseptic principles as possible. However, our baby is a beauty. I have just been down to see him and his mother was sitting on a stool beside the little cot that his father had made for him.

I was surprised to find that the "beds" in the hospitals here are just grass mats on the floor. Each patient brings her own and arranges to have someone to cook her food and look after her generally. The nurses just go to the hospital to do treatments. Although I am not to be allowed to take over medical work before I can speak the language, I am praying for money to get the hospital into shape. I have saved enough from my allowance to cement the floor in the room which I intend to use as a delivery room. The walls will have to be painted up half-way, and whitewashed the rest of the way. Cupboards have to be made and simple equipment installed.

I am quite proud of the first fracture I set. A little girl broke her arm just above the elbow and I improvised a right angle splint made of cardboard and bandages. So far it has stayed in place beautifully. Had I known that I should be doing obste-

trical, surgical, and general medical work instead of leper treatments as I expected I would have come better prepared.

My heart goes out to these people although the chief is an old rascal and has about twenty wives. He lives in a crude palace with green shutters on the windows and gaudy blue birds painted round the door. His enemies have a strange way of dying sudden deaths for he sees to it that they get "bad medicine". Deadly poisons are concocted and sprinkled along the path leading to the enemy's hut. A few thorns are thrown around and the poison enters scratches on the feet caused by the thorns. The victim usually dies within a few hours.

The old chief and his retinue came to salute me one day and to say how glad they were to see me. He gave me a royal welcome and presented me with a goat! Although the chief has promised to come to church he has not yet done so. However, we go to his house and tell him the Gospel story and pray that the Word will act as a two-edged sword and pierce his dark heart.

From the Hospital of Universal Love (Methodist General Hospital) in Hankow, China, Miss Gladys Stephenson writes to Miss Margaret Moag as follows:

Your letter reached me three days ago and *The Canadian Nurse* arrived the following day. What a delightful magazine and what a beautiful cover! How glad I am to have it for our nurses' library.

We have had a gruelling summer in Hankow and no one has been allowed to leave for a holiday in the hills since the invaders took charge of the town. Yet, God has kept everyone safe and even the children got through well. My colleague was taken ill just when the new class of nurses was ready to enter so I had to give hours of time to them besides supervising the wards. I do love teaching although it takes more strength than any other part of the work but it is a great joy and I wish the years did not fly so fast.

This fearful war could not be endured unless one could look first to God and then at the tragedy of man who has taken his rebellious way far from Him. The new unity of the Dominions and the United States of America is one of the gleams of light that shines out of the darkness. We follow the news from Canada with great interest and affection. Last Sunday night we had a special service of intercession, as the King requested, and we prayed for all prisoners and refugees as well as for the forces and for our enemies. I feel that it is the Nazi government, and not the oppressed people of Germany, who are really our enemies.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Miss Jean Conlogue, a graduate of the Saint John General Hospital, and of the public health nursing course at the School for Graduate Nurses, McGill University, has been appointed to the staff of the Montreal Branch.

Miss Yvette Notebaert, a graduate of Ste. Justine's Hospital, Montreal, and of the public health nursing course, University of Montreal, has been appointed to the staff of the Kirkland Lake Branch, replacing *Miss Marguerite Tanguay* who has resigned.

Miss Elizabeth Ferguson, a graduate of the Kingston General Hospital, and of the public health nursing course at the University of Toronto, has been appointed to the staff of the Border Cities Branch.

Miss Marguerite Grossmith, a graduate of St. Michael's Hospital, Toronto, and of the public health nursing course at the University of Toronto, has been appointed to the Toronto staff.

Miss Olive Hayes, a graduate of the Halifax Infirmary, has been appointed temporarily to the Halifax staff.

Miss June Doig has resigned from the staff of the Kingston Branch, and has been replaced temporarily by *Miss Anna MacFarland* of the Ottawa staff. *Mrs. Debeau* (Catherine Lemon) has been appointed temporarily to the Ottawa staff.

Miss Leila Wilson has resigned from the staff of the Arnprior Branch, and is being replaced by Miss R. Audrey Priddle who is being transferred from the staff of the Toronto Branch.

Miss Elizabeth Gillespie, who resigned from the staff of the Toronto Branch, has received an appointment with the Board of Health in Timmins.

Miss Doreen Murphy has resigned from the staff of the Toronto Branch to take a position with the Department of Health in Toronto.

Miss Elizabeth Adams has resigned from the staff of the Montreal Branch.

Miss Flora Moroni has resigned from the Ottawa staff.

Miss Isabel Mungen has resigned from the staff of the Vancouver Branch to accept a position with the Provincial Department of Health, British Columbia.

Miss E. A. Electa MacLennan has been transferred from the Montreal Branch to the National Office staff to take over the supervision of the branches in Nova Scotia. Miss MacLennan has recently obtained her Master of Arts degree at Teachers College, Columbia University.

Miss Elma Ward, a graduate of the Victoria Hospital, London, and of the post-graduate course in public health nursing, University of Western Ontario, has been appointed to the Hamilton Department of Health, and not to the staff of the Montreal Branch, as announced in the November issue of the *Journal.*

Ontario Public Health Nursing Service

Miss Jenny Berry, of the Port Arthur Board of Health public health nursing staff, has been called for military service.

Miss Isobel Pringle, senior nurse, Oshawa Board of Health, has left for military service. She is succeeded by *Miss Jean Russell. Miss Helen Elliott* (Hamilton General Hospital and University of Toronto public health nursing course) has been appointed to the Oshawa staff.

Miss Betty Robinson (Oshawa General Hospital and University of Toronto public health nursing course) has been appointed to the industrial nursing staff of the Munition Plant in Pickering.

Miss Evelyn Beech has resigned from the York Township public health nursing staff.

Miss Matilda Miller, of the East York Township public health nursing staff, has returned to duty after a period of sick leave.

Miss Marion Woodside has been appointed to the staff of the East York Township nursing service.

M.L.I.C. Nursing Service

Miss Adeste Martin (Hotel Dieu Hospital, Montreal, 1927, and University of Montreal public health nursing course, 1932) has been transferred from St. Jean, Quebec, to the Mount Royal Nursing Staff.

Miss Anna Theriault (Sacred Heart Hospital, Cartierville, Quebec, 1930, and University of Montreal public health nursing course, 1931) has been transferred to St. Jean, Quebec, to replace Miss Martin. Miss Theriault is at present on the Frontenac Nursing Staff, Montreal.

O.N.S.A. Christmas News-Letter

As another year draws to a close and we prepare our Christmas News-Letter we are mindful of friends in many lands to whom we extend the season's greetings and, through the medium of the *Journal*, we greet those Sisters who were comrades during the Great World War and, to the new generation now serving, extend our best wishes for their safe return.

Vancouver Unit reports well attended meetings and much activity in war work. A gift chest is maintained at Shaughnessy Military Hospital which contains many articles needed by newly admitted patients. The Hospital has four rooms for the accommodation of Sisters and the Unit has presented a thermos set for each room. We are also sending supplies for distribution by Miss E Martin, a member of our Unit, who is doing war work in Inverness, Scotland.

Victoria Unit has held ten meetings with a good attendance. Activities included Red Cross work; provision of comforts to patients in the Esquimalt Military Hospital; a hospital library; maintenance of a medicine chest at the three services canteens; $100 to British Air Raid Victims; $103 to the British Nurses Relief Fund; and $100 to purchase blankets for British war sufferers. This unit recently suffered the loss of a valued member in the death of N/S M. May Moore.

Mrs. Gardner, a member of the *Saskatoon Unit*, is hostess of the "Y" house at Dundurn Camp. Our *Regina* members donated over a hundred garments to the Red Cross. They welcome back into membership two former members, Mrs. S. R. Parker and Mrs. G. L. Geddie. The sudden death of a former member, Miss K. Ellis, is regretfully recorded.

From *Winnipeg* comes news of record activity and accomplishments. Funds raised amounted to $1152 of which $1,005 was sent to Prime Minister Churchill for the relief of air raid victims, and $100 to the Red Cross. The loss by death of a valuable member, Miss R. Wightman, is regretfully recorded. Miss Wightman served with the American Army during the Great War. The four members, constituting the *Brandon Unit*, contribute their share of war work through the nurses association and the Red Cross.

From *Kingston* comes news of the death of Mrs. F. E. M. Willoughby (née Florence MacCallum). Mrs. Willoughby served with the C.A.M.C. in France, Belgium and Lemnos and was awarded the Royal Red Cross. The activities of the *Hamilton* members include soldiers' comforts, canteen duties, and Red Cross work, also a contribution of $200 to our fund for British nurses. In the torchlight procession at the Stadium, Mrs. Turner and Miss Galloway represented "Overseas Nursing Sisters". Miss Ida Bull, R.R.C., of the *Windsor Unit*, reports several meetings and numerous activities. A bridge party was arranged on November 11 for the members of the *London Unit*.

Our *Montreal* members, whose chief activities are concerned with the Overseas Parcels League, report that the committee under the chairmanship of Mrs. Routh donated nearly 400 garments for seamen amounting to a value of $250. In addition to $350 contributed to our fund for British nurses, $50 was given to the Parcels League for the purchase of sweaters for seamen.

Additional appointments of O.N.S.A. members to the services include: N/S Helen Kendall, R.R.C., of the Montreal Unit, transferred from No. 1 Neurological Hospital to be Sister-in-Charge of No. 4 C.C.S.; N/S Anne Boyd, R.R.C., member of the Hamilton Unit, is now Matron of the new military hospital in Hamilton; N/S Jane Roberts, of the Winnipeg Unit, has been transferred to the staff of the Matron-in-Chief in Ottawa. This brings the roster of Great War veteran sisters now on active service up to twelve.

Mrs. Stuart Ramsey has been appointed Lady District Superintendent, St. John Ambulance Brigade for the Province of Quebec. She is a member of the Montreal Unit, Honourary President of the O.N.S.A., and was its first President.

Our Christmas News-Letter, containing all details, will be mailed to the Units before Christmas.

E. FRANCES UPTON,
Secretary-treasurer.

NEWS NOTES

ALBERTA

A meeting of the Ponoka District No. 2, A.A.R.N., was held recently in the Provincial Hospital, with 23 members and 11 guests present. A report on the British Nurses Relief Fund was read by Miss M. McCulloch. An interesting address was given by Dr. Daley, of the Provincial Mental Hospital staff, on bromide intoxication, and Miss Aline O'Connor, a second year student, presented an interesting case study of a patient suffering from this condition. The following officers have been appointed to serve during the coming year: Chairman, Miss Margaret McLean; vice-chairman, Miss Karen Westerbund, Ponoka; secretary-treasurer, Miss Margaret Tamblyn, Ponoka; *The Canadian Nurse* representative, Miss Nessa Leckie.

Miss Louise Dawson left recently to join the R.C.A.F. Nursing Service and is stationed at the Initial Training School, Edmonton. Miss Mildred Nelson has been appointed night supervisor in the psychiatric department of the General Hospital, Regina. Miss F. Langley (P.M.H., 1940) has been appointed operating room nurse in the Provincial Hospital. Other recent appointments as supervisors to the P.M.H. staff are Miss E. Harle, and Miss M. Tamblyn. Miss H. McTavish left recently to do general duty work in the Peace River Hospital. Miss A. Burwell has been appointed to the Grand Prairie Hospital staff.

Married: Recently, Miss M. Morissette to Mr. N. Hurle.

The following officers were elected at the recent annual meeting of the Medicine Hat District No. 4, A.A.R.N.: President, Miss C. E. Mary Rowles; vice-president, Miss M. Hagerman; secretary-treasurer, Miss M. M. Webster. The entertainment committee is composed of Miss Green, Miss Weeks, and Mrs. D. Fawcett.

A recent meeting of Red Deer District No. 6, A.A.R.N., was held at the home of Mrs. R. M. Whyte. It was decided to make a donation of money for the purpose of helping fill ditty bags for the Merchant Marine. The group is also opening a room where magazines for the merchant marines may be collected.

Among the nurses of this district who have been accepted for military nursing service in South Africa are: Miss Thora Dobson (Edmonton General Hospital) at present on the staff of the Red Deer Memorial Hospital, Miss Jean McLeod (Royal Alexandra Hospital, Edmonton) at present on the staff of the Provincial Training School at Red Deer, and Miss Audrey Stephenson (University of Alberta Hospital) at present on the staff of the Stettler Hospital.

Miss Margaret Freeman, formerly on the staff of the Red Deer Health Unit, has taken a position as school nurse in Calgary.

CALGARY:

The Alumnae Association of the Holy Cross Hospital had a recent meeting with 102 graduates present. A social evening was much enjoyed, a lucky draw being won by Miss Elizabeth Ellis. The Alumnae Association recently held an Armistice tea at the home of Mrs. W. R. Cope, the proceeds to be sent to the Canadian Society for the Control of Cancer, Calgary Branch. The Alumnae Association has given its support to this organization since its inception, and makes an annual contribution. Subscriptions to the British Nurses Relief Fund continue to come in steadily.

EDMONTON:

The regular meeting of the Royal Alexandra Hospital Alumnae Association was held recently with about 45 members present, and Miss L. Einarson, the president, in the chair. Dr. M. Little, gave an interesting and instructive talk on phases of public health. A social hour followed.

BRITISH COLUMBIA

VANDERHOOF:

The St. John General Hospital, built for the Sisters of Charity of Providence, was officially opened recently. This hospital ranks among the finest in the interior of the Province and, when completely finished, will have cost over $90,000. The blessing of the house was administered by Their Excellencies, Bishop E. M. Bunoz and Bishop J. L. Coudert. Mr. J. Gray Turgeon, M.P., Mr. Mark M. Connelly, M.L.A., Dr. W. Ross Stone, and Mr. Harry V. Taylor, chairman of the hospital committee, were among those who addressed many residents of Vanderhoof and district who had gathered for the occasion.

VICTORIA:

Miss Margaret Green (Royal Jubilee Hospital, 1931) who for the past three years has been at the Groote Schuur Hospital, Cape Town, South Africa, has returned home, and has been appointed to the staff of the Royal Jubilee Hospital.

The following marriages have recently taken place: Miss Phyllis Butler (St. Joseph's Hospital, 1933) to Mr. Richard Bryan; Miss Lilian Graham (St. Joseph's Hospital, 1921) to Mr. Sterling Beek; Miss Phyllis Jesse (St. Joseph's Hospital, 1938) to Mr. Eric Boak, R.C.N.; Miss Bessie Bailey (St.

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Strained Peas. Sweet, tender peas are cooked as soon as removed from the pod. The coarse skin covering the kernel is removed in the straining process.

Strained Green Beans. Made from tender young green beans from which the fibrous parts are carefully removed.

Strained Mixed Greens. An appetizing blend of kale, green lettuce and green asparagus. It is highly nutritive and its bulk gives it gentle laxative qualities.

Strained Cereal. A mixture of wheat hearts, farina, whole wheat, and oats. This is long cooked *without milk*, and no sugar or salt is added.

Strained Apricots And Apple Sauce. This is the pulp of fresh apricots, free from sulphur dioxide or artificial colour, to which apple sauce has been added to reduce the tartness of the fresh fruit.

Strained Prunes. This is a heavy prune pulp containing some lemon juice. The acid of the lemon juice gives a very pleasing tartness and improves the keeping qualities of the product. It generally has a gentle laxative action which is often desirable. This is an exceptionally good energy food generating 28 calories per ounce.

Strained Beef And Liver Soup. Made from chicken and young beef livers, selected lean beef and broth, blended with a tasty combination of potatoes, tomatoes, celery, and carrots. Being finely cut and strained, it is an excellent first meat food for baby. Its liver content makes it an aid in the prevention of nutritional anemia.

Strained Pears And Pineapple. This delicious blend of favourite fruits has a flavour that appeals to all tastes. The mild flavour of juicy ripe Bartlett pears is enlivened with the more tart taste of select tropical pineapple.

Strained Asparagus. Made only from fresh green asparagus.

Strained Beets. (See description above)

Strained Tomato Soup. Slowly cooked from Heinz famous "aristocrat" tomatoes. Babies love its delightful flavour.

Joseph's Hospital, 1932) to Mr. C. McConnel; Miss Catherine Meiklejohn (Royal Jubilee Hospital, 1941) to Mr. Clavell Sutton; Miss Doris Hibberson (Royal Jubilee Hospital, 1934) to Mr. Hayward-Farmer; Miss Eileen Northcott (Royal Jubilee Hospital, 1939) to Dr. Peere C. Lund; Miss Vivian Stobbart (St. Joseph's Hospital, 1940) to Sergt. Major Paul Thomas Hooper, Canadian Provost Corps.

MANITOBA

BRANDON:

The first meeting of the season was held recently with 48 members present. The executive were in charge and, after reports were heard from the various groups, Mr. T. Rylie, of Winnipeg, our guest speaker, gave us an interesting demonstration of the new audio-visual machine.

The emergency unit of the Brandon Graduate Nurses Association has met each month during the summer and we feel that we have accomplished a great deal under the able leadership of Miss Eva McNally. Our meetings have been along the line of refresher courses and the city has been divided into zones with schools named as headquarters. A captain and group is in charge of each zone and each member is outfitted with a well equipped kit. Future meetings are to take the form of reviews in our first-aid work and each group will demonstrate aid to such injuries as might be sustained in any disaster. Two excellent demonstrations have already been given, one on fractures and the other in the form of a round table discussion on eye, ear, nose, and throat injuries, and it was decided that each month one group would give a demonstration at the general meeting. Mrs. J. Selby was appointed treasurer, as Miss I. Campbell is leaving the city. Miss A. Crighton, the secretary, has changed her address from 119 Russell Street to Brandon General Hospital. A successful silver tea was held recently at the home of Mrs. D. L. Johnson. The proceeds were in aid of our war work fund.

Miss Margaret Peacock (Brandon Mental Hospital) joined the nursing service of the R.C.A.F. during the summer months.

At a recent meeting of the Brandon Graduate Nurses Association, Mrs. S. Perdue, the president, presided, with 49 members present. Following reports from the various groups, Miss Isabel Campbell was presented with a gift in appreciation of her work with the Association. She leaves to join the hospital staff at Trail, B. C. The guest speaker was Col. S. S. English who was introduced by Mrs. J. Edworthy. He gave a fine address on the part that graduate nurses can play in war activities, both at home and on active service. Mrs. D. L. Johnson expressed the appreciation of the members to the speaker. Several articles of clothing were handed in from various groups to Mrs. S. J. S. Pierce, who is in charge of our war work section, and Mrs. H. McKenzie distributed wool to be made up for the Red Cross.

Married: Recently, Miss Edith Morrison (B.G.H., 1918) to Mr. Arthur Hamlen.

Married: Recently, Miss Evelyn Manns (B.G.H., 1928) to Mr. Reg. Unicume.

Married: Recently, Miss Viola Vance (B. G.H., 1930) to Mr. James Selby.

WINNIPEG:

The following graduates of the School of Nursing of the Winnipeg General Hospital have enrolled for military service in South Africa: Elizabeth Miller (1920), Olga Wicks (1928), Nita McLardy (1928), Margaret Waugh (1931), Kathleen Young (1933), Freyja Olafson (1938), and Kaye King (1937). The following have joined the Nursing Service of the R.C.A.F.: Sarah Lack (1936), Phyllis Schwalm (1937), Mary McLaren (1937). Miss Meran Gemmel (1933) is on duty as a Nursing Sister at Tuxedo Barracks.

Joyce Mason (1940) has accepted a position on the staff of the Wrinch Memorial Hospital, Hazelton, B.C. Florence Christian (1930) has accepted a position on the staff of the Queen Alexandra Solarium for Crippled Children, Cobble Hill, Vancouver Island. Carrie Mason (1940) is on the staff of the hospital at Vita, Manitoba. Edith Rorke (1931) and Ruth McEachern (1931) are on the staff of the Black Hills General Hospital, Rapid City, South Dakota. Bonnie Dundee (1940) is with the Trans-Canada Airlines. Mrs. Helen Boulton Elliott (1940) is on the staff of the Manitoba Sanatorium, Ninette.

NEW BRUNSWICK

ST. STEPHEN:

The regular meeting of the St. Stephen Chapter, N.B.A.R.N., was held recently. Routine business was transacted and ten Bundles for Britain were packed and shipped. A representative number of nurses including Miss R. Follis, Miss H. Graham, Miss McMullen and Miss A. Leland attended the N.B.A.R.N. annual meeting held recently in Newcastle. A beautifully decorated cake with 25 golden candles was presented to the Association at the banquet by the St. Stephen Chapter in recognition of the twenty-fifth anniversary of the organization of the N.B. A.R.N.

The graduation exercises of the School

WANTED

Applications are invited for the position of Instructress of Nurses in the Payzant Memorial Hospital, Windsor, Nova Scotia. Applicants should state qualifications, religion, age, experience, and salary expected. Apply to: Marjorie L. Dooe, Superintendent of Nurses.

WANTED

Applications are invited for the position of Operating Room Supervisor in a 125-bed Hospital in the Maritimes. Qualifications, age, and religion should be stated, and applications should be addressed in care of:

Box 8, The Canadian Nurse, 1411 Crescent Street, Montreal, P.Q.

of Nursing of the Chipman Memorial Hospital were recently held and ten nurses received their diplomas. Dr. E. O. Thomas gave the address of the evening. The staff of the Hospital recently entertained the graduating class and their friends at a dinner and dance, when the staff doctors and their wives were guests.

MONCTON:

A meeting of the Moncton Chapter, N.B. A.R.N., was held recently, with the acting president, Miss Emma Honeywell, in the chair. The reports of the various committees for the past year were received. An excellent report on refugee work was read by the convener, Miss Myrtle Kay. The following officers were elected to serve during the coming year: President, Adelaide Steeves; vice-president, Emma Honeywell; secretary, Helen Arsenault; treasurer, Pearl Matheson; private duty section, Myrtle Kay. Conveners of committees were appointed as follows: *The Canadian Nurse*, Dorothy Godfrey; flowers: Maisie Downing, Eva Pitre; Red Cross, Shirley Stewart; program: Alice Palmer, Helen Sinnott; cigarettes, Jean Baillie; War Savings, Lea Flemington; collections: Marjorie Bennett, Lola Turner. A gift was presented, by Miss Gladys Fairley on behalf of the chapter, to Miss Althea MacPherson who is to be married shortly.

FREDERICTON:

Miss Emma R. Trafton, instructor of nurses, Victoria Public Hospital, has resigned and is taking a course in public health nursing at the University of Toronto School of Nursing. Miss Isabel Lane, B.A., a graduate of the Montreal General Hospital, has joined the staff as instructor of nurses. Miss Edith Cavell Warman has resigned and is taking a course in paediatric nursing at the Children's Memorial Hospital, Montreal.

Miss Annie Cullen (V.P.H., 1941) has been chosen to serve as a Nursing Sister with the South African Military Hospitals.

Married: Recently, Miss Margaret Richardson (V.P.H.) to Mr. Warran Anderson.

Married: Recently, Miss Bertha Rogers (V.P.H.) to Mr. Alvin Copp.

Married: Recently, Miss Grace Rowan (V.P.H.) to Mr. Albert Lynch.

Married: Recently, Miss Margaret Manuel (V.P.H.) to Mr. Phillip Smith.

Married: Recently, Miss Marion Smith (V.P.H.) to Mr. Wendall Griffin.

Married: Recently, Miss Jennie Arnold (V.P.H.) to Mr. George Fletcher.

Married: Recently, Miss Jean Erb (V.P.H.) to Mr. Wendall McKnight.

SAINT JOHN:

The staff of the Saint John General Hospital entertained recently in honor of Miss Margaret Murdoch, superintendent of nurses, on the twenty-fifth anniversary of her appointment to the staff, and presented her with a watch and a bouquet of roses. The student nurses also gave her a beautiful bouquet.

Post-graduate courses are now being taken by Miss Tressa Brown in obstetrics at the Royal Victoria Hospital, Montreal, and Miss Annie Johnson at the Neurological Institute, Montreal.

The following marriages have recently taken place: Miss Thelma Crawford (St. J.G.H., 1935) to Ralph Langille, R.C.A.F.; Miss Lucille Caldwell (St. J.G.H., 1940) to Lieut. Ronald Burlie, R.C.A.; Miss Rosaline Scullion (St. J.G.H., 1939) to Lieut. George Blizzard, R.C.A.; Miss Helen Wry (St. J.G.H., 1938) to Capt. Guthrie McCarroll, R.C.A.M.C.; Miss Bertha Linton (St. J.G.H., 1934) to Mr. Horace Mayes; Miss Thelma Steeves (St. J.G.H., 1938) to Mr. Malcolm Miller.

NOVA SCOTIA

A recent meeting of the Valley Branch, R.N.A.N.S., was held at Annapolis. After a short business meeting an interesting talk was given by Mrs. Tilly, of the Island of Jersey, who had spent some time in Turkey where her husband was a teacher. When the war began Mrs. Tilly returned to the Island accompanied by her daughter and two grandchildren but when the air raids became severe, were evacuated to Canada. The difficulties these people experienced make us realize how fortunate we are.

Married: Recently, Miss Norma MacManus to Dr. Graham Sim.

Married: Recently, Miss Margaret Cochrane to Mr. Walter James Nelson.

New Glasgow:

The Alumnae Association of Aberdeen Hospital recently held an afternoon tea at the home of the president, Mrs. Howard Cantley, in aid of the British Nurses Relief Fund. There was a large attendance and the sum of $22 was realized.

ONTARIO

District 1

A general meeting of District 1, R.N.A.O., was held recently at the Sarnia General Hospital. Miss Jessie Wilson presided, with 65 nurses present. The meeting opened with prayer by Rev. E. W. Jewett, and the invocation by Father L. J. Phalen. Mayor T. A. Barnes brought greetings from the city of Sarnia, and Dr. W. B. Rutherford a welcome from the Sarnia Medical Association. An invitation was accepted from the Public General Hospital and St. Joseph's Hospital to hold the annual district meeting in Chatham in 1942. Miss Madalene Baker outlined the course in practical nursing which is being sponsored by the London Registry. An interesting and informative address was given by Dr. H. W. Carter, M.O.H., Sarnia, on modern treatment for pulmonary tuberculosis. The executive were entertained at luncheon by the hospital staff and the members were guests at a delightful tea given by the Alumnae Association of the General Hospital.

Married: Recently, Miss Phyllis Roberts (Ontario Hospital) to Mr. David Arnold Robb.

St. Thomas:

The following are recent appointments to the staff of the St. Thomas Memorial Hospital: Miss Margaret Luton (1939) replaces Miss Erma Precious; Miss Jean McKeown (1939) replaces Miss K. MacPherson; Miss Margaret Broadley (1937) replaces Miss Eleanor Ray; Miss Phyllis Howell (1938) has been added to the staff of the radiological department, and Miss Edna Houston (1941) has been appointed assistant night supervisor.

Married: Recently, Miss Esther Miller (M.H., 1934) to Mr. F. Thayer.

Married: Recently, Miss Eleanor Ray (M.H., 1939) to Mr. M. Nicholson.

Married: Recently, Miss Katherine MacPherson (M.H., 1934) to Mr. R. Teeple.

Married: Recently, Miss Erma Precious (M.H., 1928) to Mr. William Kew.

Married: Recently, Miss Edna Ward (M.H., 1932) to Mr. G. Dimbleby.

Married: Recently, Miss Doris Vaughan (M.H., 1931) to Mr. E. Niles.

Chatham:

Married: Recently, Miss Evelyn Cadotte (S.J.H., 1937) to Lieut. A. E. Roberts.

Married: Recently, Miss Rebecca Simard (S.J.H., 1940) to Mr. V. Jubenville.

Married: Recently, Miss Catherine O'Rourke (S.J.H., 1940) to Mr. J. McGrail.

Married: Recently, Miss Geraldine Derbyshire (S.J.H., 1940) to Mr. F. Thorpe.

Married: Recently, Miss Olive Trombley (S.J.H., 1934) to Mr. P. Hamlin.

District 4

Hamilton:

Miss Bernice Caldwell has been appointed to the staff of the Hamilton General Hospital.

Married: Recently, Miss Marian Isabel Haddock (H.G.H., 1941) to Mr. James Dickson.

Married: Recently, Miss Alice Jewell Teeple (H.G.H., 1932) to Mr. John Cameron C. Bowlby.

Married: Recently, Miss Jessie Dow Wingate (H.G.H., 1940) to Mr. Johannes G. Nordal.

Married: Recently, Miss Margaret Roycroft Roberts (H.G.H., 1940) to Mr. Harold Wright Johnson.

Married: Recently, Miss Helen Elizabeth Eyre (H.G.H., 1940) to Mr. Ira David Robinson.

District 5

Toronto Department of Health, Division of Public Health Nursing:

Miss Pansy E. Roberts, who has been granted a year's leave of absence has gone to Winnipeg where she will assist with the reorganization of public health nursing work. Miss Isobel Park has also been granted leave of absence and is working with the families of the men at Manning Pool, R.C.A.F. Miss

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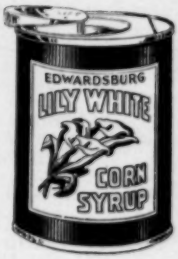

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Mildred Wilkins has taken a position as industrial nurse with the Spruce Falls Power and Paper Company, Kapuskasing. Miss Margaret Gardiner has recently been married to Mr. E. L. Beacon. Nurses who have joined our staff, replacing members of the staff who were married or granted leave of absence, are: Louise Curtis (Toronto General Hospital); Janet Davidson (School of Nursing, University of Toronto); Ruth Kent (School of Nursing, University of Toronto); Doreen Murphy (School of Nursing, University of Toronto); Jean Smith (Toronto Western Hospital); Pearl Stiver (Toronto Western Hospital).

Dr. Elizabeth Chant-Robertson of the department of pediatrics, University of Toronto, and the Nutrition Research Laboratory of the Hospital for Sick Children, recently gave the staff a series of lectures on nutrition. She graciously gave permission for these to be mimeographed and sold. The proceeds (fifty dollars) were sent to aid the British Nurses Relief Fund.

Toronto Western Hospital:

The first fall meeting of the Alumnae Association of the Toronto Western Hospital was held recently. The members were given a real treat in the address given and pictures shown by Dr. Charles A. M. Williams describing a trip to the Eastern Arctic. Dr. Williams was sent to study the Eskimos from the standpoint of dentistry and mandible development. His findings were enlightening and might well be heeded by more of us. The scenery shown in the pictures was very beautiful. A vote of thanks was moved by Miss Beamish, and a social hour followed under the direction of the convener, Mrs. James Miller.

The Red Cross Auxiliary of the Toronto Western Hospital Alumnae Association recently held a raffle for a $50 cheque, a $25 War Savings Certificate, and a $10 merchandise warrant. The committee wishes to thank the many members who made it possible for us to make slightly over $600.

St. Michael's Hospital:

The Alumnae Association of St. Michael's Hospital recently held their fall meeting. It was decided not to hold a separate refresher course this year but to attend the general one sponsored by the Central Registry. Mention was made of the investment of $1000 in a Victory Bond, and $100 was voted to the British Nurses Relief Fund. An interesting and educational lecture, accompanied by coloured motion pictures, on oral lesions

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A certificate is granted on the successful completion of any of the above courses.

was given by Dr. George Morgan. This was followed by a delightful film of Bermuda, also taken by Dr. Morgan.

Riverdale Hospital:

Married: Recently, Miss Vera Stewart (R.I.H., 1934) to Dr. G. Parker.

District 8

OTTAWA:

The following have been appointed to Military Nursing Service: Miss Dorothy Burgess (1927), Miss Emily Fallas (1928), Miss Hazel Johnstone (1930), Miss Marion Rochester (1932), Miss Davina Pitkethly (1933), Miss Phoebe Lamb, of the O.C.H. Physiotherapy Department.

Miss Louise Beeman has resigned from the staff to take a position at the McKellar General Hospital, Fort William. Miss Kay McLean (1933) has accepted a position on the staff of the Saskatoon City Hospital. Miss Bessie Jackson (1935) is with the V.O.N., Montreal. Miss Eileen Bretzlaff (1938) is with the V.O.N., Waterloo. Miss Dorothy Campbell (1938) is with the V.O.N., Bridgewater. Miss Eileen Armstrong is doing private duty in Rio de Janiero. Miss Doris Conley (1941) and Miss Clare Andrews (1941) are engaged in general duty at Whitby Ontario Hospital. Miss Marjorie Dickison (1940) and Miss Eleanor McDermott (1940) are on general duty at the Children's Memorial Hospital, Montreal. Miss B. Stevens (1941) is doing general duty at the Mountain Maternity Hospital, Hamilton. Miss M. Wiber (1940) has accepted a position on the staff of the hospital at Copper Cliff. Miss B. Crobar (1941) is doing general duty at the Ontario Hospital, Whitby.

The following marriages have recently taken place: Miss Dorothy McDonald (O.C.H., 1937) to Mr. Reginald Williams; Miss Melba Cameron (O.C.H., 1928) to Mr. Barclay Boyd; Miss F. Willis (O.C.H., 1929) to Mr. R. G. Burrows; Miss Irene McNaughton (O.C.H., 1930) to Reginald Delahay, M.D.; Miss Helen Stewart (O.C.H., 1930) to Mr. Harold Howell; Miss Margaret Doane (O.C.H., 1932) to Mr. Wilfred Murphy; Miss Elva McLean (O.C.H., 1932) to Mr. Arthur Radvourne; Miss Janet Fraser (O.C.H., 1933) to Mr. Christopher Jones; Miss Margaret Fraser (O.C.H., 1933) to Mr. William Magill; Miss Kathleen Lowry (O.C.H., 1933) to Mr. R. H. Downing Taylor; Miss Mertie Moore (O.C.H., 1934) to Mr. Frederick Nolan; Miss Isabel Burn (O.C.H., 1934) to Dwain W. Wilson, M.D.; Miss Margaret Carter (O.C.H., 1935) to Mr. George Maurice; Miss Zebba Lambert (O.C.H., 1936) to Mr. James E. Pritchard; Miss Edna Carson (O.C.H., 1937) to Mr. Gerald Burgess;

Miss Madeleine Swanton (O.C.H., 1937) to Mr. John Ralph Miles; Miss Bessie Pepper (O.C.H., 1937) to Robert Laidlaw, M.D.; Miss Margaret Newlands (O.C.H., 1937) to John F. Argue, M.D.; Miss Dorothy Nichol (O.C.H., 1938) to Mr. Douglas Pickering; Miss Bessie Stanley (O.C.H., 1938) to Mr. Fraser Wright; Miss Eunice Paul (O.C.H., 1938) to Mr. Gordon McKnight; Miss Viola McConnell (O.C.H., 1939) to Mr. D. McLean; Miss Jeanie McKay (O.C.H., 1941) to Mr. Arthur A. Emery; Miss Lorraine Fokes (O.C.H., 1941) to Mr. Donald Blackadar; Miss K. A. Blackadar (O.C.H., 1941) to Maurice H. Haycock, M.D.; Miss Phyllis Richardson (O.C.H., 1939) to Mr. John Sims; Miss Helen Tobin (O.C.H., 1934) to Mr. W. P. Telfer; Miss L. C. Baker (O.C.H., 1941) to Mr. George Henry.

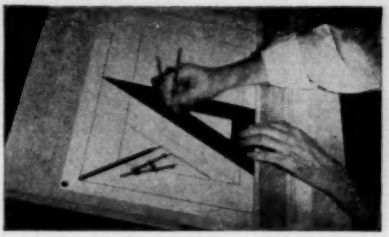
District 9

The seventeenth annual meeting of District 9, R.N.A.O., was held recently in Sault Ste. Marie with the chairman, Miss Jean Smith, presiding. Members from Kirkland Lake, New Liskeard, North Bay, Sudbury, Callander, London, and Gravenhurst attended. The invocation was given by Rt. Rev. Monsignor T. J. Crowley and greetings were extended by His Worship, the Mayor. Mrs. Helen Pinkney welcomed the visiting nurses on behalf of Sault Ste. Marie Chapter. Reports of chapters and sections showed that in ten years the membership had increased from 24 to 248. Some 400 nurses have taken the course in first-aid and emergency nursing. The report on the British Nurses Relief Fund revealed that approximately $500 had been contributed from the District.

Miss Aileen Riordan, convener of the Hospital and School of Nursing Section, gave an interesting report on the first refresher course held in District 9. The director of this course was Miss Marion Lindeburgh, M.A., Director of the School for Graduate Nurses, McGill University. At the afternoon session, Miss Edna Moore, provincial supervisor of public health nurses, was the guest speaker and spoke on the aims and achievements of the Registered Nurses Association.

Miss Claribel McCorquodale, supervisor of nurses, Radiology Department, Toronto General Hospital, also spoke at the afternoon session. She illustrated her subject with a film designed to show the nurse how to prepare the patient for x-ray examination and the procedure of examination. On the therapy side, it indicated the advancement since x-ray was discovered of methods of operation and types of treatment.

The members were entertained at tea at the Plummer Memorial Public Hospital and later were guests of the Alumnae Association of the General Hospital for a drive around the city. In the evening, a banquet



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was held when Dr. J. H. Duncan extended greetings from Sault Ste. Marie Medical Society. The Very Rev. Dr. Wright, Dean of Algoma, pleaded for closer co-operation between those who minister to the spiritual needs of the patient and the nurse who ministers to their physical needs. Miss Edna Moore also spoke at the banquet, choosing as her subject, "Nursing on the home front", and stressed the qualities of discipline and loyalty.

The officers and conveners for the ensuing year were elected as follows: chairman, Miss Jean Smith, Gravenhurst; first vice-chairman, Miss Katherine MacKenzie, North Bay; second vice-chairman, Miss Alice McGregor, Sault Ste. Marie; secretary, Miss Frances Geddis, Sault Ste. Marie; treasurer, Miss Robena Buchanan, Sanitarium P.O., Ontario; conveners: Public Health, Miss H. Elizabeth Smith, New Liskeard; Hospital and School of Nursing, Miss Aileen Riordan, Sudbury; General Nursing, Mrs. Eleanor Sheridan, Sudbury; *The Canadian Nurse*, Sister Teresa of the Sacred Heart, Sault Ste. Marie; membership, Miss Adelaide McKnight, Gravenhurst; national enrolment, Miss Sylvia Bird, Gravenhurst; first aid and emergency nursing, Miss Katherine MacKenzie, North Bay; British Nurses Relief Fund, Miss Robena Buchanan. A cordial invitation was accepted to hold the next annual meeting in Sudbury.

SUDBURY:

The refresher course in nursing held recently in Sudbury, was very much appreciated by the 62 nurses who attended. This course, conducted by Miss Marion Lindeburgh, M.A., Director of the School for Graduate Nurses, McGill University, consisted of lectures and practical and educational demonstrations in nursing, the latter serving to visualize the application of some of the principles stressed by Miss Lindeburgh in her lectures on "Better nurses—better nursing".

The care of the diabetic patient in hospital and home was the subject of the nursing demonstrations. Dr. J. McCullough, of Sudbury, briefly outlined the scientific principles underlying the care of the diabetic patient. A Sister Supervisor and two student nurses, one of whom took the part of the patient, participated in demonstrations of insulin therapy and urinalysis. The dietitian and a student nurse on the diet therapy service instructed the patient regarding her diet and the Victorian Order of Nurses staged the follow-up visit in the home.

GRAVENHURST:

The regular monthly meeting of the Muskoka Chapter, District 9, R.N.A.O., was held recently with 38 nurses present.

The Chapter was privileged to have Dr. Ross Robertson address the meeting on surgery in tuberculosis using x-ray plates to illustrate his subject. Miss Anne McKay, chapter chairman, gave an interesting report of the district annual meeting held in Sault Ste. Marie.

QUEBEC

MONTREAL:

Montreal General Hospital:

Montreal General Hospital graduates are very active in war work. The Spitfire group has made a further contribution to Lord Beaverbrook of over £350. One group has raised over $600 for the Queen's Canadian Fund, and another group is working to raise money for the British Nurses Relief Fund. Another group, composed of most of the student nurses, is holding a series of teas at which a small amount is charged for admission, the proceeds to go to the British Nurses Relief Fund.

Miss H. McQueen (1933) and Miss A. Hass (1931) have been appointed as Nursing Sisters to the South African Military Hospitals. Miss Flora Moroni (1927) has accepted a position as instructress at the Jeffery Hale's Hospital, Quebec. Miss Florence M. Miller (1940) has accepted a position on the nursing staff of the Northern Electric Co. Miss Jean Anderson (1941) has been appointed to the staff of the Central Division. Miss Devane (1923) has resigned her position as assistant night supervisor, Central Division. Miss Monica Hill (1936) succeeds Miss Devane. Miss Holt and staff entertained at tea recently in honour of Miss Devane and Miss W. Young, assistant dietitian. Suitable gifts were presented to each.

The following marriages have recently taken place: Miss Doris R. Stephenson (M. G.H., 1928) to Mr. Guy M. Wynn; Miss M. A. Burrow (M.G.H., 1935) to Mr. Edwin Robbins; Miss Elizabeth T. Jamieson (M.G.H., 1938) to Mr. Eldon B. Grier; Miss Phyllis Snow (M.G.H., 1934) to Mr. Thomas C. Read; Miss Beryl Luiklater (M. G.H., 1941) to Pilot Officer William Fry.

Royal Victoria Hospital:

At the November meeting of the Alumnae Association Miss Elizabeth Lister gave an interesting talk on her recent experiences in Norway and Sweden. A very successful food sale, under the convenership of Mrs. Daly, was held the same evening to supplement the wool fund.

Thirteen staff members are taking the extension course in hospital administration at the School for Graduate Nurses, McGill University.

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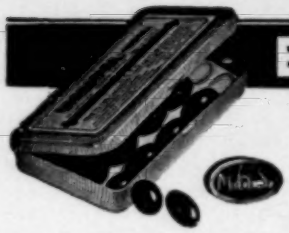

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Miss Elsie Lester, who has been in charge of special treatments in the metabolism department, has gone to the operating room as technician in the anaesthetic department and has been succeeded by Miss Ruth King (R.V.H., 1941). Miss Mary Nesbitt (R.V.H., 1933) has resigned from the Women's Pavilion and has taken a position in the operating room of the Alta Bates Hospital, Berkeley, California. Miss Edith McDowell (R.V.H., 1930) formerly on the teaching staff of the Winnipeg General Hospital, is now teaching health education in the Winnipeg Normal School. Miss Elizabeth Manning (R.V.H., 1941) has been accepted for military duty in South Africa. Nursing Sister Helen Kendall has been transferred from No. 1 Neurological Hospital to sister-in-charge of No. 4 Casualty Clearing Station. Nursing Sister Sarah Miles (R.V.H., 1929) is now Matron of Sussex Military Hospital.

Children's Memorial Hospital:

Miss Ethel Hillyard (1924) has accepted the position of science instructor at Wentworth Hospital, Dover, New Hampshire. Miss Dorinda Ellis (1926) has resigned as night supervisor of the Children's Memorial Hospital. Miss Elizabeth Fox (1933) has resigned, as supervisor of the Foundling Division, to be married and has been succeeded by Miss Marguerite Bateman (1934). Mrs. Glenn Arthurs (Mary K. Neales, 1931) has been appointed to the nursing staff of the Foundling Division. Miss Rose Allison (1931) has been appointed nursing supervisor of the Montreal Children's Division.

The following marriages have recently taken place: Miss Margaret MacNaught (C.M.H., 1934) to Mr. Evan Teal; Miss Barbara Goobie (C.M.H., 1929) to Mr. Neil Bishop.

Homoeopathic Hospital:

The Alumnae Association of the Homoeopathic Hospital recently entertained the members of the graduating class of 1941 at dinner. Miss Margaret Fox was the guest speaker and Miss Lillian Athelstan presided. Guests at the head table were Miss Dora Miller and Miss Vera Graham.

St. Mary's Hospital:

The following graduates are serving as Nursing Sisters with the R.C.A.M.C. overseas: Jean Collins, Agnes Lovitt, and Rose Bradley. Ciss Kathleen Brady, Miss Lorraine Dube, and Miss Beatrice Dumas have accepted positions with the Canada Car and Foundry Company. Miss Patricia McKenna is with the Robert Mitchell Munition Factory and Miss Patricia Kennedy is with the Victorian Order of Nurses. Miss Noreen Callahan is taking a course in public health nursing.

The following marriages have recently taken place: Miss Eileen Markum (S.M.H., 1938) to Mr. Douglas Keenan; Miss Hilda Cherry (S.M.H., 1937) to Mr. Marcus Dougherty; Miss Patricia Owens (S.M.H., 1938) to Mr. Alfred Creagh; Miss Claire Peche (S.M.H., 1940) to Mr. John Quinn; Miss Cecile Bourgeoys (S.M.H., 1941) to Mr. O. Rozon.

McGill School for Graduate Nurses:

Miss R. Sutcliff (Administration, 1927) has transferred from the Protestant Foster Home, Montreal, to the Hamilton General Hospital. Miss Flora Moroni (P.H.N., 1933) has transferred from the V.O.N., Ottawa, to Jeffery Hale's Hospital, Quebec. Miss Kathleen Hill (Administration, 1929) has transferred from Guelph General Hospital to Anson General Hospital, Iroquois Falls, Ontario, as superintendent of nurses.

Married: Recently, Miss Phyllis W. M. Snow to Mr. Thomas Charles Read.

SASKATCHEWAN

SASKATOON:

The monthly meeting of the Saskatoon

Registered Nurses Association was held at St. Paul's Hospital, on November 3, with Miss E. Fendley presiding. Reports were received from the registrar, Miss M. Urton, and the conveners of special committees. Miss M. Chisholm reported gratifying proceeds from a tea held recently at the home of Mrs. A. Valens in aid of the civilian nurses of Great Britain. A hearty vote of appreciation was tendered to Mrs. Valens for the use of her home, to Mrs. McConnell as convenor of arrangements, and to all who had supported this cause which is one of international interest. The executive committee was authorized to take action in answer to an appeal from the Red Cross Society for a donation of blankets. Volunteer taggers for Poppy Day were also enlisted.

Miss K. W. Ellis, registrar of the Saskatchewan Registered Nurses Association, spoke on nursing service and progress and referred to the course now being given at the University of Saskatchewan School of Nursing and of the growing tendency for the nursing profession to identify itself with university standards. She stressed the service to the community as the objective of first importance. A report was also given of the recent conference held in Montreal at the call of the Canadian Nurses Association which had been attended by representatives of provincial associations of registered nurses and of university schools of nursing across Canada. It was pointed out that recommendations resulting from this conference called for action and are directed towards the stabilization of nursing services, in order that adequate professional services may be provided and desirable standards maintained. The meeting took immediate action on one recommendation and appointed a committee, under the chairmanship of Miss Helen Bright, to organize a refresher course for married and inactive nurses who have expressed their willingness to serve in an emergency and the desire to have such a course set up.

NEWFOUNDLAND

The Department of Public Health and Welfare operates fourteen cottage hospitals throughout the Island of Newfoundland. These hospitals are situated so as to give the best service to the surrounding communities. They are complete units, fully-equipped, even to a Nuffield lung. Miss Syretha Squires, director of departmental nurses, has just returned from a supervisory visit. She reports the hospitals fully-staffed and in splendid working order.

The Newfoundland Graduate Nurses Association recently held its first meeting of the season, and matters of importance to the local nurses were discussed.

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WILL NOT RUB OFF

. . . OFF . . . DUTY . . .

Perhaps we had better begin by confessing that we stole the inspiration for these lines from Harpers Magazine . . . the July 1941 *number to be exact . . . In its pages we found a grand piece, called "The Emperor next door", written by Willard Price . . . It seems that Mr. Price once lived in a beach cottage on the far side of a fence surrounding the summer home of the Emperor of Japan on the Muira Peninsula and, without displaying unseemly and vulgar curiosity, was able to observe the Emperor taking his pleasure in all sorts of simple ways . . . He saw him go off in a little motor boat with a crew of two sailors . . . in search of marine specimens for his aquarium . . . He watched him taking a leisurely swim . . . under the discreet supervision of a bodyguard . . . But the imperial diversion which delighted Mr. Price the most, was the Emperor's devotion to "moon-viewing" . . . It seems that the Japanese are less casual about the beauties of nature than we are . . . and like to pay an occasional ceremonious tribute to the moon . . . Gay parties sally forth . . . bearing votive offerings consisting of lespedeza flowers and eulalia grass . . . and (more prosaically) beans and dumplings . . . Poems are recited and songs are sung and there is a feast of reason and a flow of soul . . . These cheerful rites are not confined to any given date . . . and may be shared with some congenial spirit or enjoyed in solitary grandeur . . . All this appealed to us tremendously . . . so we sat down and made out a list of the lovely things we mean to "view" with appropriate ceremonies . . . At the right time of the year, we shall watch Orion striding across the sky . . . or see the miracle of a humming-bird's nest hanging from a vine in our own back garden . . . This very winter we intend to "view" a willow tree sparkling with hoar frost . . . and the blue shadows on new-fallen snow . . . The only trouble is that we don't quite know what to do about those votive offerings . . . We have never seen lespedeza flowers or eula lia grass . . . and for all we know they may bloom only in Japan . . . The best we could offer would be a wreath of home-grown ivy and a sprig of scented geranium . . . So far as the more prosaic offerings are concerned, everything would be alright . . . We could easily warm up a small can of beans and make a good apple dumpling . . . So, if some fine winter evening you see us climbing Mount Royal . . . with a little basket on our arm . . . don't speak to us unless we speak to you . . . we are just going "moon-viewing" . . . like the Emperor of Japan.*

—E. J.

Official Directory

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A.A., Vancouver General Hospital, Vancouver

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A.A., Brockville General Hospital, Brockville

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A.A., St. Thomas Memorial Hospital, St. Thomas

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THE CANADIAN NURSE

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